



THE LADIES BOARD NURSING SCHOLARSHIP APPLICATION **Spring 2012**

The Scholarship Committee of The Ladies Board of Inova Loudoun Hospital is seeking applicants interested in the profession of Nursing.

The Ladies Board scholarship program was established in 1959 to award supplemental funds to worthy nursing students, and since that time we have awarded over \$1,000,000 to 774 students. The Gift Shop at Inova Loudoun Hospital, Twice Is Nice Thrift Shop in Leesburg, our Lights of Love remembrance program and the Annual Ladies Board Rummage Sale raise funds for this important project. In 2011-2012, \$102,300 was awarded to 64 students. Amounts awarded ranged from \$700 to \$2,200.

This year The Ladies Board celebrates 100 years of service to the community and support for the Hospital. As part of this celebration the Scholarship Committee intends to present an additional award in a larger amount.

Please note that students may receive only **2 CONSECUTIVE** Ladies Board scholarships.

Criteria for selection include:

- A copy of your letter of **acceptance** into an accredited **school of nursing**. This is a **REQUIRED** part of your application. Funds are not available for pre-clinical studies.

- Academic performance. If you are currently enrolled in a qualifying program, please include a copy of your last semester grades.
If you received a Ladies Board scholarship last year, you must have a 3.0 cumulative average (or its equivalent) to be considered for a second scholarship.
High school students need to enclose a copy of last semester grades.

- Residence or work in **Loudoun County**.

Scholarship application forms are available at the Gift Shop at Inova Loudoun Hospital, the office at Loudoun Nursing and Rehabilitation Center in Leesburg, Twice Is Nice Thrift Shop in Leesburg, at our web site (www.ladiesboard.org) or by calling Mrs. Joyce Biesecker at 703-777-6357. The deadline is **TUESDAY, APRIL 17, 2012**.

No application will be considered if postmarked later than that.

Please **return** your completed application to:

Mrs. Joyce Biesecker, 40782 Woodside Pl., Leesburg, VA 20175.

THE LADIES BOARD ILH 2012 NURSING SCHOLARSHIP APPLICATION FORM

PLEASE WRITE OR PRINT NEATLY AND CLEARLY or USE A COMPUTER.

Name: _____

Address: _____

City, State: _____ Zip code: _____

Phone: _____ Cell: _____ Email Address: _____

Did you receive a scholarship from The Ladies Board last year? **YES** **NO**
Did you use it? **YES** **NO**

EDUCATION:

High School Attended: _____

Location: _____ Graduation Date: _____

List any additional education. Use separate sheet if needed.

DO NOT WRITE ON THE BACK

College or Vocational School Attended: _____

Location: _____ Date: _____

College or Vocational School Attended: _____

Location: _____ Date: _____

EMPLOYMENT:

Are you presently employed? (Circle one) **YES** **NO**

If yes, please state company or organization: _____

How long have you been employed there? _____

List any previous employment during the past 2 years. Use separate sheet if needed.

Employer: _____ Dates: _____

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STATUS IN AN ACCREDITED NURSING PROGRAM:

Please circle **EITHER** “a” **OR** “b”.

- a. I am currently enrolled in an accredited nursing program.

Where? _____

(Remember: Include a copy of your transcript)

Are you currently attending this program? (Circle one) **YES** **NO**

- b. I have been accepted into an accredited nursing program.

Where? _____

(Remember: Include a copy of your nursing school acceptance letter)

When will you be starting classes? _____

When do you expect to graduate? _____

ESTIMATED EXPENSES:

Please estimate your expenses for one (1) year’s tuition, books, supplies and fees. **Do not include room and board in this amount.** _____

List the source and amount of any additional financial aid you anticipate receiving or for which you have applied.

EDUCATIONAL GOALS:

Please describe your educational goals and state why you have selected the field of nursing. **USE THIS SIDE ONLY. WRITE OR PRINT NEATLY or USE A COMPUTER.** *Use separate sheet if needed.*

REFERENCES:

Please list 2 references who live in Loudoun County. DO NOT include relatives:

Name: _____ Phone: _____
Address: _____
City, State: _____ Zip code: _____

Name: _____ Phone: _____
Address: _____
City, State: _____ Zip code: _____

It is important that you check the neatness and accuracy of the application! Thank you!

SIGNATURE: _____ DATE: _____

Applications MUST BE POSTMARKED on or before TUESDAY, APRIL 17, 2012.