

LADIES BOARD NURSING SCHOLARSHIP APPLICATION

Spring 2010

The Scholarship Committee of the Ladies Board of Inova Loudoun Hospital is seeking applicants interested in the profession of Nursing. Previous recipients and applicants are also encouraged to apply to the Scholarship Committee.

The Ladies Board Nursing Scholarship program was established in 1959. This spring will mark fifty years of awarding Nursing Scholarships to worthy recipients. Lights of Love, Inova Loudoun Hospital Gift Shop, Twice Is Nice Thrift Shop and Ladies Board October Rummage Sale raise funds for this important project.

The scholarships are given to students as supplemental aid. In 2009-2010, \$100,700 was awarded to fifty-three students. Amounts awarded ranged from \$ 900.00 to \$3,000.00. 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.
- Your financial need must be established in writing. See third page of the application.
- Academic performance. If you are currently enrolled in a qualifying program, please include a copy of your last semester grades. High school students need to enclose a copy of last semester grades.
- Applicants **MUST** either live or work in Loudoun County.

Scholarship application forms are available at the Gift Shop at ILH, the office at Loudoun Nursing and Rehabilitation Center in Leesburg, Twice Is Nice Thrift Shop in Leesburg, Ladies Board web site (www.ladiesboard.org) or by calling Ms. Margaret Vaughan at 540-338-6221. Applications should be submitted as soon as possible with deadline being **TUESDAY, APRIL 6, 2010**.

NO APPLICATION WILL BE CONSIDERED IF IT IS POSTMARKED AFTER TUESDAY, APRIL 6, 2010.

Please return your completed application to:

Ms. Margaret Vaughan
PO Box 581
Purcellville, VA 20134

LADIES BOARD ILH 2010 NURSING SCHOLARSHIPS APPLICATION FORM

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

Name: _____

Address: _____

City, State: _____ Zip code: _____

Phone: _____; Email Address: _____

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: _____

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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 respond to **EITHER** “a” **OR** “b” regarding your status in an accredited nursing program:

a. Are you currently enrolled in an accredited nursing program? (Circle one) **YES** **NO**

If yes, where? _____

(Remember: Include a copy of your transcript)

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

b. Have you been accepted into an accredited nursing program? (Circle one) **YES** **NO**

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

If yes, where? _____

When will you be starting classes? _____

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:** _____

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.*

FINANCIAL NEED:

Please explain the circumstances concerning your need for financial assistance and how you would benefit from scholarship aid. **USE THIS SIDE ONLY. WRITE OR PRINT NEATLY OR USE A COMPUTER.** *Use separate sheet, if needed.*

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

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 6, 2010

