



THE LADIES BOARD ILH 2021 NURSING SCHOLARSHIP APPLICATION FORM

Applications will only be considered if they are legible and complete.

Please use this form, and use a separate sheet where requested.
Do not write on the back.

Name: _____

Address: _____

City, State: _____ Zip code: _____

Phone: _____ Cell: _____ Email: _____

Were you awarded a scholarship from The Ladies Board last year?

EDUCATION:

High School Attended: _____

Location: _____ Graduation Date: _____

List any additional education.

College or Vocational School Attended: _____

Location: _____ Dates: _____

College or Vocational School Attended: _____

Location: _____ Dates: _____

EMPLOYMENT:

If you are presently employed, provide the name of your employer. _____

Phone: _____ Dates of employment: _____

Job Title: _____

List any other employment during the past 2 years.

Employer: _____ Dates: _____

Employer: _____ Dates: _____

STATUS IN AN ACCREDITED NURSING PROGRAM:

You must have completed 1 semester (9 credits) of nursing instruction
OR 30 undergraduate college credits to apply.

I am currently enrolled in an accredited nursing program and have completed at least 1 semester (9 credits) of nursing instruction at _____.

OR

I have completed at least 30 undergraduate college credits and been accepted into the nursing program at _____.
(You must include your **letter of acceptance**, showing (1) your name, (2) the name of the school and (3) nursing as your major.)

ALL APPLICANTS must include a copy of your most recent **transcript**, showing (1) your name, (2) the name of the school and (3) nursing as your major.
If not currently a student, submit your most recent transcript from within the last 5 years.

When do you expect to graduate? _____

EDUCATIONAL and PROFESSIONAL GOALS:

On a separate sheet give a description of your educational goals **AND** why you have selected the field of nursing.

EXPENSES:

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

FINANCIAL ASSISTANCE:

If you are an Inova employee, have you applied for assistance from Inova? _____
How much do you expect to receive? _____

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

On a separate sheet explain your need for financial aid and how you would benefit from a scholarship.

REFERENCES:

List 2 references (other than family).

Name: _____ Phone: C _____ W _____

Name: _____ Phone: C _____ W _____

Please check the neatness and accuracy of the application! Are all attachments complete – including (1) name of applicant, (2) name of school and (3) nursing as your major?

Incomplete applications will not be accepted.

SIGNATURE: _____ DATE: _____

DEADLINE:

All applications must be postmarked by Tuesday, April 13, 2021.

MAIL to: Mrs. Arlene Kilborn, 17654 Braemar Place, Leesburg, VA 20175