



NURSING SCHOLARSHIP APPLICATION GUIDELINES

SEMESTER _____

PLEASE INDICATE WHICH PROGRAM OF STUDY YOU INTEND TO ENROLL IN, OR ARE CURRENTLY ENROLLED IN:

Pre-Nursing ___ **L.P.N.** ___ **1st Year A.D.N** ___ **2nd Year A.D.N**

If you are an Associate Degree Nursing Student, please indicate which scholarship you would like to be considered for: (only select one scholarship)

WMHospital (Must sign Scholarship/Loan Agreement) ___ **Bryan Foundation** (No obligation applies)
Cherry Hospital (Must sign Scholarship/Loan Agreement) ___ **Other Nursing Scholarships** (No obligation applies)

(If you are a Pre-Nursing or LPN student, please check Other Nursing Scholarships.)

Name _____

Mailing Address _____
Street City State Zip Code

Phone Number _____
Home Work Mobile

Social Security Number _____ - _____ - _____ Date of Birth MM/DD/YYYY

Place of Employment/Job Description _____

High School Attended _____

High School Graduation Date _____ GPA

WCC Program of Study _____ **GPA**
(If you are a newly enrolled student, please provide us with the most current grade information from this semester.)

Number of Anticipated Credit Hours for Semester _____

Other Colleges Attended _____ **GPA**

Applicant's Signature _____

Please include with this application, **one letter of recommendation preferably from a faculty member and a letter stating your career goal(s) and reason(s) for pursuing your career.** Submit this information along with this application to the address below or you may drop it off at the Foundation Office in the Dogwood Building, room 102 or 103.

**The Foundation of Wayne Community College, Inc.
PO Box 8002 • Goldsboro, NC 27533-8002**

FOR FOUNDATION USE ONLY
Name of Scholarship _____
Amount of Scholarship _____ Thank you to _____

THE FOUNDATION OF WAYNE COMMUNITY COLLEGE, INC. NURSING SCHOLARSHIP APPLICATION GUIDELINES

***Nursing applications for: LPN, First Year A.D.N. and Second Year A.D.N. students**

• **Nursing Scholarship Application Period is held during the months of April for Fall semester and October for Spring semester each year. (Deadline: Last working day of April/October.) Students may turn in their application and letters during the months of April/October only.**

• **Notification of scholarship application period dates is provided to students on line, via CAMNET news around campus, faculty/staff email reminders and by WCC Website at: www.waynecc.edu/foundation/.**

• **Area newspapers run an announcement toward the end of March/September for upcoming Scholarship Application Periods.**

First and second year ADN who accept the Wayne Memorial Hospital or Cherry Hospital Nursing Scholarships must go to the Foundation Office and sign the Loan/Scholarship Agreement form for the scholarship chosen each semester.

ALL students applying for a scholarship with the Foundation of Wayne Community College, Inc., should apply for Financial Aid. (www.fafsa.gov)

***All Nursing Scholarship Application Forms must be filled out COMPLETELY! Any application with blank information (GPA, anticipated contact hours, major/program of study, etc.) will not be viewed by the scholarship committee.**

IMPORTANT! All recipients (students who are awarded Foundation scholarships) are **REQUIRED** to attend a Foundation Scholarship Awards Ceremony, which is held in February each year. Scholarship recipients are first informed of this ceremony date in their scholarship awards letter. An invitation to the ceremony is mailed to each recipient closer to the event. Scholarship recipients must make arrangements and plan accordingly to attend this ceremony in February.

If you have any further questions regarding these guidelines, please feel free to contact the Foundation Office at:



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PO Box 8002
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Adrienne Northington, Associate Director (919) 735-5151, ext. 7007
Email: jek@waynecc.edu and awnorthington@waynecc.edu