

Applicant's Name _____

Please Print

Community Nursing Service Health and Education Foundation

Healthcare Scholarship Application Form

This scholarship is for **Graduating High School Seniors and Non-Traditional Students*** aiming for degrees in healthcare related professions. Based on applicant's grades and needs students are selected to be interviewed and chosen from there for a scholarship.

****If annual income is over \$150,000 please DO NOT apply****

The following must be included for this to be a complete application:

- Completed Application Form
- Essay: the essay needs to be typed, 350-500 words on "What contribution do you hope to make to your community as a healthcare professional and why?"
- High school and/or latest college/university transcripts
- Proof of income: Copy of completed FASFA form AND most recent 1040 Tax Form (please black out any social security numbers)

The complete application must be mailed/emailed/submitted no later than March 15

Applications may be mailed to:

CNS Health and Education Foundation
Chrissy Pearson, Scholarship Chairman
320 McCabe Drive
Greensburg, Pa 15601

Applications may be emailed to:

Chrissy@cns scholarship.com

Or submitted online:

<https://www.CNSscholarship.com/submit-application>

*Non-Traditional Students are those who have been in the area for 4 years, intend on staying in the area and:

- Did not enter post-secondary school immediately after high school
- Are currently studying at a college/university
- Are wishing to continue their education (i.e. graduate/med school)

CNS Health and Education Foundation Scholarship Application Form

Demographics

Last Name: _____ First: _____ Age: _____

Permanent Home Address: _____

City: _____ Zip Code: _____

Cell Phone: _____ Permission to text this number? Yes ___ No ___

Email Address*: _____

*Please be sure this is an email address that is checked often, and add Chrissy@cns scholarship.com to your contacts to ensure emails do not go to SPAM.

Work Experience

Traditional Students: complete table for any work experience

Non-Traditional Students: complete table for any health related work and/or internship experience

Company	Position	Number of hours/week	Total months worked/year	Amt/% of tuition reimbursement

Education

Traditional Students:

Name of High School: _____

Graduation Year: _____ Present GPA: _____ Class Rank: _____

Non-Traditional Students:

Name of HS or Previous University/College: _____

Major/Course of Study Completed (if applicable): _____

Level of Degree: _____ GPA: _____ Graduation Year: _____

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Traditional and Non-Traditional Students:

Name and complete the address of two Universities/Colleges of health professionals you plan to attend. If unknown, list the schools you have applied to.

College/University: _____ Accepted ___ Applied ___
Address: _____
City: _____ State: _____ Zip Code: _____
Selected Major/Course of Study: _____
I plan to be: Full-Time ___ Part-Time ___
My school is a: 4 yr. College/University ___ Community College ___ Vocational School ___ Other: _____

College/University: _____ Accepted ___ Applied ___
Address: _____
City: _____ State: _____ Zip Code: _____
Selected Major/Course of Study: _____
I plan to be: Full-Time ___ Part-Time ___
My school is a: 4 yr. College/University ___ Community College ___ Vocational School ___ Other: _____

Extra-Curricular and Leadership Activities

Traditional Students: List all school and volunteer/community activities in which you were a participant during the past four years (i.e. student government, sports, band, chorus; volunteering, work committees, etc.)

Non-Traditional Students: List college or university activities and any current volunteer/community activities in which you were a participant during the past four years (board member, church or school volunteer, work committee, etc.)

Activity	Traditional: School years involved	Non-Traditional: # of years involved	Awards or Honors
	9 th 10 th 11 th 12 th		
	9 th 10 th 11 th 12 th		
	9 th 10 th 11 th 12 th		
	9 th 10 th 11 th 12 th		

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Traditional and Non-Traditional Students: List all elected or appointed leadership positions held in school, community or work activities. Only those positions you were directly responsible for directing or motivating others.

Organization	Leadership Position

Household and Financial Data

Traditional Students:

Parent(s)/Guardian(s) Full Name: _____

Parental Marital Status: Single Married Divorced Widowed

Father's Occupation: _____ Est. Annual Income: \$ _____

Mother's Occupation: _____ Est. Annual Income: \$ _____

If parents are divorced/separated, are both parents contributing to your education? Yes No

Non-Traditional Students:

Marital Status: Single Married Divorced Widowed

Spouse's Full Name (if applicable): _____

Applicant's Occupation: _____ Est. Annual Income: \$ _____

Spouse's Occupation (if applicable): _____ Est. Annual Income: \$ _____

*****IMPORTANT*** This scholarship is first and foremost awarded on financial need. If we do not receive a copy of your FASFA form AND 1040 Tax Form before or at the time of your interview, you WILL NOT be considered for a scholarship.**

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Traditional: List all siblings living in your household including yourself

Non-traditional: List all dependents living in your household

Sex	Age	School/College Attending

The following financial data will be reviewed in detail. It will be the deciding factor with applicants that are equal in all other aspects of the application process.

PLEASE NOTE: A completed application must include a copy of your FASFA application and 1040 Tax Form or a copy of both MUST be present the day of the interview.

Est. Yearly Cost to Attend School		Yearly Income to Meet Costs		
Tuition:	\$	S.S. Allowance (if any):	\$	
Room and Board:	\$	V.A. Allowance (if any):	\$	
Books:	\$	Family Contribution:	\$	
Transportation: (To and from home, holidays)	\$	Student Contribution: (Work, Savings, etc.)	\$	
Other Significant Personal Expenses: (Uniforms, professional fees, etc.)		List of All Other Financial Aid Applied For: (Pell Grant, Merit Scholarship, Presidential/Chancellor, All student loans, Other scholarships)		Check here if accepted
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
Total Est. Cost:	\$	Total Est. Income:	\$	

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We certify that the information on this application is correct. We fully understand the guidelines for the application process and have abided by these guidelines. In addition, we fully understand the Board of Directors of the CNS Health and Education Foundation retains total and complete control of any award determinations and the selection process will be based on the criteria outlined in the application. Judges will not discriminate based on race, color, age, sex, creed or disease entity. The decisions regarding the scholarship awards are final.

Applicant's Signature: _____ Date: _____

(Traditional) Principal or Counselor's Signature: _____

(Traditional) Parent/Guardian Signature: _____

(Non-traditional) Spouse's Signature: _____

To be completed by the CNS Scholarship Committee

Interview: Yes No Time: _____

Notes/Questions: _____

Scholarship: Yes No Scholarship and Amount: \$ _____