

Applicant's Name \_\_\_\_\_

Please Print

## Community Nursing Service Health and Education Foundation

### Healthcare Scholarship Re-Application Form

Re-application for the Community Nursing Service Health Care Scholarship is required for all scholarship recipients. This process was established to review the applicant's progress in school, as well as the career progress and intentions of the student to maintain a health care major

#### Guidelines for Re-Applicants:

- Student must maintain an adequate GPA in a health care major
- Any changes in educational institutions or major MUST be reported to the scholarship chairman prior to June 1<sup>st</sup> of each year. Contact Chrissy Pearson at 724-972-1974 or [Chrissy@cnsscholarship.com](mailto:Chrissy@cnsscholarship.com)
- Fill out the form below and sign the last page
- Attach a copy of your most recent college transcript

**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 Dr.  
Greensburg, Pa 15601

Applications may be emailed to:

[Chrissy@cnsscholarship.com](mailto:Chrissy@cnsscholarship.com)

Or submitted online:

[https://www.cnsscholarship.com/  
submit-application](https://www.cnsscholarship.com/submit-application)

# CNS Health and Education Foundation Scholarship Re-Application Form

## General Information

Renewal of scholarship for year: 2\_\_\_\_3\_\_\_\_4\_\_\_\_

Last Name:\_\_\_\_\_ First:\_\_\_\_\_ Middle Initial:\_\_\_\_\_

Home Address:\_\_\_\_\_ City:\_\_\_\_\_

Zip Code:\_\_\_\_\_ Cell Phone:\_\_\_\_\_ Permission to text?\_\_\_\_\_

Email Address:\_\_\_\_\_

Parent(s)/Guardian(s) Full Name\_\_\_\_\_

School Address:\_\_\_\_\_

Apt. or Dorm #:\_\_\_\_\_ City:\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_

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## School Information

GPA:\_\_\_\_\_ Full Time\_\_\_\_\_ Part Time\_\_\_\_\_

Student's Personal School ID:\_\_\_\_\_

University/College Name:\_\_\_\_\_

Address:\_\_\_\_\_

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Major/Field of Study:\_\_\_\_\_

Predicted Graduation Month/Year:\_\_\_\_\_

**\*\*If this is the last year for your scholarship** but your program is longer OR you plan to continue your education past this year, you are welcome (and encouraged) to apply next year for a grant. Please be aware the award amount and number of years the grants covers varies year to year and is at the discretion of the scholarship committee.

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## Financial Data

Est. Yearly <u>Cost</u> to Attend School	Yearly <u>Income</u> 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: (Pell Grant, Merit Scholarship, Presidential/Chancellor, All student loans, Other scholarships)
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
Total Est. Cost: \$	Total Est. Income: \$

Comments: (Optional)

Any conditions, explanations, or additional information relative to changes in your economic or academic status

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# **CNS Health and Education Foundation Scholarship Re-Application Form**

I certify that the information on this application is correct. I fully understand the guidelines for the re-application process and have abided by these guidelines. In addition, I fully understand that the Board of Directors of Community Nursing Service in Greensburg, Inc. retains total and complete control of any award determinations, and the re-selection process will be based on maintaining an adequate QPA average and a health care major. Judges will not discriminate based on race, color, age, sex, or disease entity. The decisions regarding the scholarship awards are final.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_