

## CNS Scholarship Application Post-Traditional Student

This application is for students who have graduated high school, have begun secondary schooling, and are not wholly financially independent. Based on applicant's grades and financial need, students will be selected for interviews 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 application to be considered complete:**

- ☐ Completed Application Form
- ☐ Latest transcripts
  - This may be high school or current college/university
  - College/University transcripts do NOT have to be official, but MUST show your name and Student ID
- ☐ 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?"
- ☐ Proof of income: Copy of completed FASFA form AND most recent 1040 Tax Form (please black out any social security numbers)

**The completed application must be submitted/emailed/post-marked by  
March 15.**

#### **Applications may be emailed to:**

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

#### **Or submitted online:**

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

#### **Applications may be mailed to:**

CNS Health and Education Foundation  
Chrissy Pearson, Scholarship Chairman  
P.O. Box 98  
Greensburg, PA 15601

Electronic submission is recommended. If you choose to send via postal mail, please consider sending a notification email to Chrissy in the event it gets lost or is delayed.

## Demographics:

Full Name: \_\_\_\_\_ 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](mailto:Chrissy@cns scholarship.com) to your contacts to ensure emails do not go to SPAM.

## Current Education

Name of High School: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ GPA: \_\_\_\_\_

Current College/University: \_\_\_\_\_

Major/Course of Study: \_\_\_\_\_

Level of Degree: \_\_\_\_\_ GPA: \_\_\_\_\_ Projected Graduation Year: \_\_\_\_\_

## Extra-Curricular Activities

List your most recent school and volunteer/community activities in which you were a participant (i.e. student government, sports, band, chorus; volunteering, work committees, etc.).

Activity	Years Involved	Awards or Honors

### Leadership Activities

List all elected or appointed leadership positions held in school, community or work activities. Only the positions you were directly responsible for directing or motivating others.

Organization	Years Involved	Leadership Positions Held

### Work Experience

Company	Position	# of Hours per week	# of Months per year	Tuition Reimbursement

### Household & Financial Data

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 ☐

List all siblings living in your household including yourself.

Sex	Age	School/College Attending

## Estimated Cost & Other Scholarships/Grants

Fill out the following table based on your current school

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

\* Be sure your family contribution amount is for ONE year, and not the entirety of the contribution

### \*\*\*IMPORTANT\*\*\*

Please attach your most recent FAFSA form and 1040 Tax Form

This scholarship is first and foremost awarded on financial need. If we do not receive a copy of these documents before or at the time of your interview, you **WILL NOT** be considered for a scholarship

### Acknowledgement

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: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### **To be completed by the CNS Scholarship Committee**

Interview: Yes ☐ No ☐ In-person/Virtual: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Notes/Questions:

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Scholarship: Yes ☐ No ☐ Scholarship and Amount: \_\_\_\_\_