



VISITING NURSES FOUNDATION Scholarship Application

222 S. Pearl St.
Centralia, WA 98531
360-623-1560 Fax: 360-623-1563
www.VisitingNursesFoundation.org

Applicant Information

Last Name _____ First name _____ M.I. _____

Date of Birth _____

Telephone _____ Cell Phone _____ Email Address _____

Permanent Address _____

Street

City _____ State _____ Zip _____

What school are you currently attending? _____

What is your cumulative GPA? _____

What course of study do you plan to follow in college/trade school? _____

Why have you selected this course of study? _____

List schools to which you have applied:

To which schools have you been accepted?

Which school do you plan to attend? _____

Our mission is to create funding for education and assistance of Home Health & Hospice patients and their families.

In one or two sentences, describe your career goal:

Are there any other factors in your life or educational history that the committee should be aware of that demonstrate exceptional need or promise in your education plans?

Please provide an essay in at least 800 words that discuss an activity or service and how it has prepared you for your career path.

Please provide one reference in writing from your college professor, school counselor or teacher.

PERSONAL REFERENCES:

1. Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

2. Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

I verify that I have completed this application myself and understand that incomplete applications will not be accepted.

Print Name: _____

Signature: _____

**THANK YOU FOR APPLYING AT
THE VISITING NURSES FOUNDATION!**

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