



# VISITING NURSES FOUNDATION

## Scholarship Application

222 S. Pearl St.  
Centralia, WA 98531  
360-623-1560 Fax: 360-623-1563  
[www.VisitingNursesFoundation.org](http://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?

\_\_\_\_\_

\_\_\_\_\_

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

Which school do you plan to attend? \_\_\_\_\_

In one or two sentences, describe your career goal:

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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?

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*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:** \_\_\_\_\_

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

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