



VISITING NURSE ASSOCIATION FOUNDATION

Tricia Marie Simpson Russell Memorial Scholarship

Scholarship Application

Personal Data

Name: _____
Last First Middle

Address: _____
Last First Middle

Telephone: _____ Social Security #: _____

Education

Schools attended, beginning with the most recent:

Name/Location	Years Completed	Major	Degree	GPA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employment History

List positions held, beginning with the most recent:

• Company: _____

Position: _____ Length of Employment: _____

Responsibilities: _____

• Company: _____

Position: _____ Length of Employment: _____

Responsibilities: _____

• Company: _____

Position: _____ Length of Employment: _____

Responsibilities: _____

Skills/Qualification

Summarize any special training, skills, licenses and/or certificates:

Community/Outside Activities

List any volunteer, professional, trade, business or civic associations and any offices held. You may exclude memberships that would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.

Organization

Offices Held

List any special accomplishments, awards, etc.

Career Goals

Desired Profession: _____

College/Vocational School Necessary to Achieve Certificate or Degree:

Name of School: _____

School Location: _____

Desired Certificate/Degree: _____

Are you presently enrolled: Yes _____ No _____

If yes, please indicate:

Anticipated year of graduation: _____

Full-time or part-time enrollment: _____

Estimate of projected expenses for coming year: _____

References

Please attach with this completed application letters of recommendation (minimum of two, maximum of three). One letter must be from a non-relative. References may include: teacher, professor, clergy, employers, co-workers, supervisors.

Self Appraisal

Please complete the self appraisal on the following page.

I submit this application as a true statement of facts for your consideration.

Print Name

Signature

Date

Return this completed application with references and self appraisal to:

Tricia Marie Simpson Russell Memorial Scholarship Fund
c/o VNA Foundation
2401 Valley Drive
Valparaiso, IN 46383
219-462-5195

Please return by February 1, 2010.

Self Appraisal

