



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: _____

