# Workforce Opportunities for Rural Communities

**Licensed Practical Nurse, Registered Nurse, Paramedic**

# Scholarship Application 2024

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone: |  | | Email |  |
| Course Applied for: | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | YES | NO | If no, are you authorized to work in the U.S.? | YES | NO |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been convicted of a felony? | YES | NO |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Diploma: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | | Degree: | |  |
| May we contact your school/teacher for a reference? | | | | | YES | | NO | |
|  | | | | |  | |  | |

## Employment History, if applicable

Please list your current and last employer, or if unemployed, your last two employers.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |

## References

Please list two references.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |

## Qualifications and Attachments

Qualifications:

1. Must be a resident of one of the following counties: Iron, Madison, Perry, Reynolds, St. Francois and Washington.
2. High school graduate or completion of HiSet requirements

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Attachments: The following must be attached to your completed application

1. Two letters of reference
2. Resume
3. Essay on your personal career goals, why the WORC Scholarship is of interest to you, what courses you will be taking, and current enrollment/acceptance status (500 words or approximately one page)

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a scholarship, I understand that false or misleading information in my application may result in loss of scholarship.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

## To be completed by Reviewer

* Qualifications met
* References contacted
* Employer(s) contacted
* Resume received
* Essay received
* Recommend for scholarship | Amount of Award: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not recommended for scholarship

Reason for decline:

|  |  |  |  |
| --- | --- | --- | --- |
| Reviewer  Signature: |  | Date: |  |