



EWC Nursing Scholarship Application

Name: _____

Address: _____

Email: _____

Phone: _____

Employment: _____

_____ Converse County Resident (Required)

_____ GPA (attach transcripts) – Minimum 2.5

_____ 2 Letters of Recommendation

_____ Release of FASFA from EWC to CCHF Please Sign: _____

_____ Acknowledgement of Other Scholarships or Financial Assistance

_____ Essay to Include:

- Why have you chosen nursing as a career?
- Why are you applying for this scholarship?
- What is your financial need?
- What are your future plans after you have completed your degree?
- Please include any additional information you think will be helpful to the committee in making their decision.

The Converse County Hospital Foundation will be awarding at least two **scholarships in the amount of \$2,500** (\$1,250 to be paid directly to EWC each semester). Scholarship Applications must be received no later than **May 31** and will be awarded no later than July 30.. Please contact the Foundation with any questions.