INOVA HEALTH SYSTEM

Special Nursing Career Scholarship Program Application Form

I am applying for a Special Nursing Career Scholarship from Inova Health System. I understand that if I am accepted, I will be expected to attend school full time, to complete the program on time, and maintain a 3.0 GPA. I understand the requirements and conditions of this program, and have signed the attached agreement.

Please submit the completed application packet to: Inova Institute for Nursing Excellence, Special Nursing Scholarship Program, 2990 Telestar Court, 4th floor, Falls Church, VA 22042.

To be considered for the scholarship program, this form must be completed in its entirety and must be notarized.

Personal Information	Name: _____ *First* *Last* *(Maiden, if applicable)* Address: _____ City/State/Zip Code: _____ Phone: _____/_____/_____ *Day* *Evening* *Cell* Social Security #: _____ E-Mail Address: _____ Are you a U.S. citizen? _____ If no, are you eligible to work in the United States? _____ If not a U.S. citizen, please indicate either permanent resident status or Visa type: _____
Nursing School Information	Nursing School Attending: _____ School Address: _____ Month/Year Nursing Program starts: _____/_____ Month/Year of Graduation: _____/_____ Month/Year available to begin employment: _____/_____ Cumulative GPA: _____ Degree expected (circle one): AA/AS BSN MSN PhD Other, Please Specify _____ Other Degrees Obtained: _____ Tuition costs per semester: _____ Desired Clinical Specialty: _____ Other financial assistance: ☐ Private/Federal Loans Amount: _____ ☐ Grants/Other Scholarship Amount: _____
Employment Information	Are you a current Inova Health System employee? _____ If yes, date of hire at Inova Health System: _____ If so, where do you work? Facility: _____ Unit:_____ Budgeted Hours per week: _____ Are you eligible for Inova tuition assistance? _____

To complete the application packet, you must submit ALL of the following by May 31, 2007:

- Nursing Scholarship Application Form (must be notarized)
- Nursing Scholarship Acknowledgement Form (must be notarized)
- Two letters of recommendation (from faculty or professional colleagues only).
- One-page Student Narrative, explaining career goals as a registered nurse and why the student should be considered for an
- Inova Nursing Scholarship
- Complete set of official academic transcripts from all institutions previously attended
- Resume
- Acceptance letter (for 2nd Degree students)
- Documentation of eligibility to work in the U.S. (if not a U.S. citizen)

I hereby certify that all information contained on this Application is true, accurate, and complete. I further acknowledge that any misrepresentation or omission is grounds for possible termination.

_____ _____
Applicant's Signature Date

_____ _____
Notary Signature Date

FOR OFFICE USE ONLY
Application Complete by 5/31/07: Y N
Date Received: _____

If you have any questions about the Special Nursing Career Scholarship Program, please e-mail the Edelman Nursing Career Development Center at edelmancareercenter@inova.com.