



SCHOLARSHIP APPLICATION

I am applying for the Virginia Hospital Center Scholarship Program. I understand if I am accepted, I will receive up to \$10,000, depending on assessed tuition for one year towards full-time enrollment in an accredited nursing program. I must maintain a standard of academic achievement consistent with the 3.0 GPA required for this scholarship. I understand all the requirements and conditions of this program and have signed the attached agreement.

Name: _____

Your Home Address: _____

Your Home Telephone Number: _____

Your School Address: _____

Your School Telephone Number: _____

Email Address: _____

Name of Nursing Program: _____

Month/Year Graduation: _____

Date Available to Begin Employment: _____

Clinical Area of Preference for Employment: _____

Signature: _____ Date: _____

Please Retain a Copy for Your Records

Mail To: Nursing Recruitment
 Virginia Hospital Center
 1701 N. George Mason Drive
 Arlington, Virginia 22205-3698

*Please attach an official transcript and two letters of recommendation from a clinical instructor.