



Scholarship Application 2012

I am applying for the Virginia Hospital Center Nursing Scholarship Program. I understand if I am accepted, I will receive up to \$5000.00 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.

Name: _____

Your Home Address: _____

Your Home Telephone Number: _____

Name of Nursing Program: _____

Your School Address: _____

Your School Telephone: _____

Email Address: _____

Expected Month/Year of Graduation: _____

Date available to begin employment: _____

Clinical Area of Preference for Employment: _____

Signature: _____ Date: _____

Other required documents:

- Statement of your future goals and why you are applying for this scholarship.
- Two letters of recommendation from clinical instructors.
- Official transcript from school

Deadline: March 1st, 2012

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