



HEALTH AND WELLNESS FOUNDATION OF PIKE COUNTY

## Certified Nursing Assistant (CNA) Scholarship Application

The Application and all required components must be attached for full consideration.

Application and ALL required items can be mailed or emailed to: [ichcf@aol.com](mailto:ichcf@aol.com), or Health and Wellness Foundation of Pike County, PO Box 81, Pittsfield, IL 62363. For Questions: 217-285-6080.

### **I. Personal**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### II. Current Education

High School Attended/ing: \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_

Years of School completed: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

Names and Dates of Employment (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe extra-curricular or community service activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **III. Program Terms**

Program Start Date: \_\_\_\_\_

Program Completion Date: \_\_\_\_\_

JWCC Admissions Office Contact/Address: \_\_\_\_\_  
\_\_\_\_\_

JWCC Financial Aid Contact/ Office Address: \_\_\_\_\_  
\_\_\_\_\_

**IV. Professional Goals**

Describe how a CNA certificate will impact or influence your professional goals: (additional page may be attached):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Required Attachments**

For full consideration of this application the following items must be attached.

- A. Two letters of recommendation. If in high school, one must be from a high school teacher, others may include: a health professional, employer, volunteer coordinator, among others. Letters of recommendation may be mailed to the Foundation office under separate cover.
  
- B. A copy of all High School Transcripts or other schooling as appropriate.

I certify that all the information given in this application is complete and accurate to the best of my knowledge. I understand completion of this application does not guarantee I will be the recipient of Scholarship funds.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**