

LAKEVIEW COLLEGE OF NURSING

Scholarship Application

For Office Use Only:

GPA: _____	New	or	Cont.
CHN: _____	FT Hrs: _____	PT Hrs: _____	
Total Degree Credits: _____		Danville / EIU	
FA: _____			

Please print or type and complete entire application. A resume' MUST also be submitted. (Please be sure to include your full name on the front of your resume', or on each page if resume' is greater than one page.)

Scholarships are awarded by criteria set by donors. If there is no pre-determined criteria the scholarship committee will grant awards based upon information contained within this application as well as the student's academic record and financial need (LCN Records & Financial Aid Offices provide reports to the scholarship committee). Award amounts for qualifying students are usually between \$500—\$2,000 per semester.

You must be registered for Lakeview courses in order to qualify. Once enrolled, scholarship applications will remain on file for the period of time for which a student maintains continuous enrollment (e.g. if you are not enrolled during the summer semester, you must re-apply). A current Student Aid Report must be on file in the FA Office for each academic year. This application and related information may be forwarded to other organizations that grant scholarships to LCN students.

Student's Name: _____ Social Security No. _____

Campus of Attendance (Check One): LCN Danville Campus _____ LCN Charleston Campus _____

Expected Graduate Date from LCN (Month & Year): _____ Semester and Year of Admission into LCN: _____

Do you hold a previous bachelor's degree? (Check One): Yes _____ No _____

Do you consider yourself to represent an ethnic minority? (Check One): Yes _____ No _____

Licensure/certification that you currently hold (Check One): CNA _____ LPN _____ RN _____ None _____

Are you a member of the Phi Theta Kappa Honor Society? (Check One): Yes _____ No _____

Are you an employee or relative of an employee of the First Midwest Bank in Danville, IL? (Check One): Yes _____ No _____

Current Address: _____ City: _____

State: _____ Zip: _____ County: _____ Phone: () _____

If Vermilion, County, IL resident please list length of residency in approximate years: _____

E-Mail Address: _____

Student's Current Employer: _____ Phone: () _____

Employer's street address: _____ City & State: _____

Are you receiving tuition assistance/reimbursement from your employer? Yes _____ No _____ If Yes, how much? _____

What is your student status (as determined by financial aid guidelines): Independent _____ Dependent _____

Married _____ Single _____ Divorced _____ Widowed _____ Number of Children _____

I attest that all information on this form is true and correct to the best of my knowledge.

Student's Signature: _____ Today's Date: _____

Please return this form along with the resume' to:

LAKEVIEW COLLEGE OF NURSING SCHOLARSHIP COMMITTEE

903 North Logan Ave., Danville, IL 61832

217-443-5238 (Phone) 217-442-2279 (Fax) amcfadden@lakeviewcol.edu

Deadlines: June 15 - FALL SEMESTER

November 15 - SPRING SEMESTER

March 15 - SUMMER SEMESTER