



# LAKEVIEW

## COLLEGE OF NURSING

### **NEXT GENERATION of CARING SCHOLARSHIP**

#### **An Opportunity for Coles County IL High School Seniors**

*Please print or type and complete entire application. An official transcript/letter from guidance counselor indicating class rank is ALSO REQUIRED and should be included with scholarship application along with ACT/SAT scores (if available). For further information regarding this opportunity please see NEXT GENERATION OF CARING Award Details. Application DEADLINE is March 1<sup>st</sup>.*

Student's First Name: \_\_\_\_\_ Student's Last Name: \_\_\_\_\_

Name of High School: \_\_\_\_\_ Anticipated HS Graduation Date: \_\_\_\_\_

Name of Guidance Counselor: \_\_\_\_\_

College/University Where Student Plans to Complete Preliminary Coursework (first 60 cr. hrs.): \_\_\_\_\_

Why you want to be a nurse (no separate essay is needed):

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

Anticipated Semester and Year of Admission into Lakeview College of Nursing: \_\_\_\_\_

Do you consider yourself to represent an ethnic minority?: Yes \_\_\_\_\_ No \_\_\_\_\_

Licensure/certification that you currently hold: CNA \_\_\_\_\_ None \_\_\_\_\_

Are you an employee or relative of an employee of the First Midwest Bank in Danville, IL?: Yes \_\_\_\_\_ No \_\_\_\_\_

Your Current Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Your E-Mail Address: \_\_\_\_\_

**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 official transcript (including class rank and ACT or SAT scores) to:*

LAKEVIEW COLLEGE OF NURSING  
NEXT GENERATION OF CARING SCHOLARSHIP  
903 North Logan Ave., Danville, IL 61832  
217-709-0920