



NEXT GENERATION of CARING SCHOLARSHIP

An Opportunity for Vermilion 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 1st.

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	n into Lakeview College of Nursing:
Do you consider yourself to represent an eth	nnic minority?: Yes No
Licensure/certification that you currently he	old: CNA None
Are you an employee or relative of an emplo	oyee 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 informat	ion 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