Carson Valley Health Foundation Healthcare Scholarship

Applying for:			The leaves 0 of the late 10 of the late 1		
□ The Journey Begins Entry into Healthc \$1000.00		incare Scholarship	□ The Journey Continues Healthcare Scholarsh \$2000.00		
		Application – I	Due April 5		
Please print or type					
Last Name:		First Name:	Middle Initial:		
Permanent Address	s:				
City:	State:	Zip:	Home Telephone:		
Student cell phone:		Student email:			
High school attende	ed/Graduation yea	ar:			
Social Security Nun	nber:		identifier and will remain confidential.		
	nt □ Renewal		Expected credits per semester		
School address:					
			Zip:		
Expected graduatio	n date from your	nursing/healthcare	program: (mo) / (yr)		
Please indicate deg	ree sought:				
Financial Information	<u>ation</u>				
Your primary source	e of support/incon	ne – <u>Please Checl</u>	k One:		
Your parents their tax return, the	•	-	eturn, if you are claimed by your parents on ent)		
You and you	r spouse				
You are self-	supporting (send	this ONLY if not cl	aimed on your parents' return)		
	•	. •	ecent income tax report filed) \$ tax report, then ONLY submit their tax repor		
Annual tuition for de	esired program \$_				

Please	e list any educational loans and/or scholarships you will receive:		
	Please Read Carefully!		
	Your Application Will Not Be Considered If any of the Followin	ng Items Are Missing.	
<u>APPL</u>	ICATION CHECKLIST – make sure all boxes below are checked	off before submitting	
Found	it the following: (1) Email as an attachment to: foundation@carsonva lation, 1107 Hwy 395 N, Gardnerville, NV 89410 or (3) drop off at CV pod Drive, 3 rd Floor, Minden, NV 89423.	- · · ·	
	$\hfill\Box$ A brief profile of yourself emphasizing occupational goals and whether the healthcare field	hat drives you to enter	
	□ Why you should be selected as a recipient		
	□ Copy of grades (include unofficial record of grades, does not nee counselor for assistance if needed)	ed to be notarized, see school	
	□ Copy of acceptance letter from school indicating program admitted and not still taking general education requirements prior to starting	•	
	□ Copy of first page only of parents' personal income tax return. If parents we will only consider their tax return. If you are not claimed parents, then submit your own tax return.	•	
	□ Two letters of recommendation		
	□ Do not submit until all boxes have been checked		
PERT	INIENT INFORMATION FOR AWARDEES:		
1.	Monies will be disbursed directly to the college/university prior to the semester.	ne beginning of the fall	
2.	Scholarship recipients are required to submit a copy of proof of registration for the fall semester or quarter before disbursement will be made.		
3.	Scholarship recipients are required to submit a copy of the first ser of maintain a minimum 3.0 GPA on a 4.0 GPA scale.	mester grades, showing proof	
	Signature of Applicant:	Date:	
	Signature of Parent/Guardian**	Date:	

**if applicant is under the age of 18