



## **THE LADIES BOARD ILH 2022 NURSING SCHOLARSHIP APPLICATION**

**Applications will only be considered if they are legible, complete, and directions are followed. Use this form and separate sheets of paper, one-sided only, for additional information. Transcripts of grades must be one-sided only with the school and student name on each page. Label all paperwork with your name in the upper right side of each page. No staples. Applications must be postmarked by April 9, 2022.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Have you received a Ladies Board scholarship previously? Yes/year \_\_\_\_\_ No \_\_\_\_\_

### **EDUCATION**

High School Attended \_\_\_\_\_

Location \_\_\_\_\_ Graduation Date \_\_\_\_\_

College or Vocational School Attended \_\_\_\_\_

Location \_\_\_\_\_

Dates attended and degree (if earned) \_\_\_\_\_

College or Vocational School Attended \_\_\_\_\_

Location \_\_\_\_\_

Dates attended and degree (if earned) \_\_\_\_\_

### **EMPLOYMENT**

If you are currently employed, provide the name of your employer. \_\_\_\_\_

Phone \_\_\_\_\_ Dates of employment \_\_\_\_\_

Job Title/hours per week \_\_\_\_\_

Name \_\_\_\_\_

List any other employment during the past 2 years.

Employer/job title \_\_\_\_\_ Dates \_\_\_\_\_

Employer/job title \_\_\_\_\_ Dates \_\_\_\_\_

### **STATUS IN AN ACCREDITED NURSING PROGRAM**

I am currently enrolled in an accredited nursing program and have completed at least 1 semester

(9 credits) of nursing instruction at \_\_\_\_\_

**OR**

I have completed at least 30 undergraduate college credits and been accepted into the nursing program at

\_\_\_\_\_  
You must include your **letter of acceptance** which must include your name, the name of the school and nursing as your major.

**REQUIRED TRANSCRIPTS** You must include a copy of your most recent transcript, showing your name, the name of the school, your GPA, and nursing as your major. One side of papers only, no staples. If you are not currently a student, submit your most recent transcript from within the last 5 years.

**e-Transcripts are acceptable. Print and include an e-transcript with your application. Please note that each school has a different procedure to obtain official transcripts. If an unofficial transcript is available, you may submit that. Allow sufficient time to obtain your transcript.**

In what program/degree are you accepted or enrolled? (LPN, BSN, MSN, etc.) \_\_\_\_\_

When do you expect to graduate? \_\_\_\_\_

**EXPENSES** Estimate your expenses for one (1) year's tuition, books, supplies and fees. Do not include room and board in this amount: \_\_\_\_\_

If you are a current employee of Inova, have you applied for financial assistance from Inova?

Yes \_\_\_\_\_ No \_\_\_\_\_ How much do you expect to receive? \_\_\_\_\_

List the source and amount of any additional financial aid you anticipate receiving or for which you have applied. \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

**FINANCIAL ASSISTANCE** On a separate sheet explain your need for financial aid and how you would benefit from a scholarship.

**EDUCATIONAL and PROFESSIONAL GOALS:** On another separate sheet give a description of your educational goals and why you have selected the field of nursing.

**REFERENCES** List 2 references (other than family).

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Before submitting your application, be sure all directions have been followed and your application is complete, legible, and accurate. One side of paperwork only and no staples. Your name is on all papers including transcripts.**

**An applicant must be a resident of Loudoun County and/or work in Loudoun County.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Incomplete applications will not be accepted**

**All applications must be postmarked by Saturday, April 9, 2022.**

**Mail your application to**  
Mrs. Arlene Kilborn  
17654 Braemar Place  
Leesburg, VA 20175