

Why have you chosen to pursue a career in health care?

Please provide a transcript of your academic record.

References:

Please provide **three** written recommendations from any of the following: teacher, professor, guidance counselor, current or former employer, clergy, volunteer coordinator, or community leader.

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Applicant's Signature

Date

Note to Applicants:

Your signature above is authorization for release of school or employment records. The information you supply will be considered by the scholarship committee of the Visiting Nurses of the Lower Valley, Inc. in determining this year's scholarship recipient(s). Please type or print carefully. **All applications must be received by April 24, 2020. All required information must be contained in your application packet, or you will not be granted an interview.** All applicants will be treated with strict confidentiality, and the decisions of the scholarship committee are final.

**Visiting Nurses of the Lower Valley
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