Licenses Practical Nursing (LPN) Academic Scholarship

Academic scholarship covers tuition and fees x 3 semesters.

LPN Academic Scholarships Criteria

1. Students must be accepted into LPN program.
2. The scholarship will be awarded only to incoming first time admissions and will only pay for courses listed in the nursing curriculum.
3. Minimum 2.75 college GPA/3.0 high school GPA.
4. ACT composite score 18. NOTE: Copy of report must be sent along with application.
5. Copy of High School and College transcript (if applicable) must be included with application for consideration.
6. The student must complete all courses listed in the LPN curriculum with a minimum grade of "C" (75%) and a minimum cumulative GPA of 2.5.

Stipulations

1. Failure of a nursing course results in forfeiture of the scholarship.
2. Academic Nursing Scholarships will not be awarded in conjunction with other full tuition and fees scholarships.
3. All applicants must apply for federal financial aid.
4. Students must submit application by published deadline.

Deadline for Fall Award July 15th
Deadline for Spring Award November 15th

Return all scholarship information to: Wallace Community College Selma
Practical Nursing Department
ATTN: Colleen Dixon
P.O. Box 2530
Selma, AL 36702-2530
Licenses Practical Nursing Academic Scholarship

Name________________________ SSN_____-_____-_____

Address________________________ City________________

State_______ Zip Code___________ Telephone_____-_____-_____

Name of High School________________________

Name of Principal/Headmaster________________________

GPA: College _______ High School _______ ACT Score _______ (attach report)

Expected Graduation Date_______ Program of study_______ (scholarship limited to LPN only)

Which term will you start the program? (Check one) Fall_____ Spring____

Honors (List all, if any, academic or merit received)

________________________________________________________________________

________________________________________________________________________

Activities (list clubs, memberships, positions held, and other school/community involvement)

________________________________________________________________________

________________________________________________________________________

List all Financial Aid and Scholarships

________________________________________________________________________

________________________________________________________________________

Explain your financial need (please be specific)

________________________________________________________________________

________________________________________________________________________

Signature of Applicant________________________ Date________________