Tuition Assistance Scholarships (TAS)

Tuition Assistance scholarships will be awarded in the amount of up to $500.00 per semester for required program expenses (x) 2 for A.D.N. and L.P.N;

1. Students must be accepted into the L.P.N., A.D.N. or NAS programs to receive a Tuition Assistance Scholarship. NOTE: L.P.N. students cannot receive a TAS until after 1st semester is completed successfully.
2. Students must have an unconditional admission to the college and must satisfy all program requirements.
3. Students must complete all courses in the designated curriculum with a minimum grade of “C” (75%) and maintain a minimum 2.0 cumulative GPA.
4. TAS may only be used to pay for courses listed in the A.D.N. & L.P.N. curriculum.
5. Students must show a financial need, per FAFSA record/cost of attendance.

Stipulations

1. Failure of a nursing course results in forfeiture of the scholarship.
2. TAS 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, copy of transcripts and all other requested documents to the Financial Aid Department for review by published deadline.

Deadline for Summer Award May 1st
Deadline for Fall Award July 30th
Deadline for Spring Award December 1st

Revised June 2016
Tuition Assistance Scholarships (TAS)

Name: __________________________________________ SSN________________________

Address: __________________________________________ City:_____________________

State: ___________ Zip Code __________ Telephone: _____________________________

Name of College or High School____________________________________________________

**GPA: High School______ or College______ (Attach copy)**

Program of study______________________________________ (A.D.N. or L.P.N.)

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

List all Financial Aid and Scholarships

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Explain your financial need (please be specific)

________________________________________________________________________

________________________________________________________________________

Signature of Applicant: __________________________ Date: _______________________

Print Name: ________________________________

Return all scholarship information to: Wallace Community College Selma
Financial Aid Department
3000 Earl Goodwin Parkway
P.O. Box 2530
Selma, AL 36702-2530

Revised June 2016