Career Ladder Scholarship

The Career Ladder offers two scholarships.

1. Designated for a WCCS Nursing Assistant Graduate (NAS) admitted into the Practical Nursing Program (L.P.N.) program at WCCS
2. Designated for a WCCS L.P.N. graduate admitted into the Associate Degree Nursing (A.D.N.) Program at WCCS.

Career Ladder Scholarship Criteria

1. Nursing Assistant graduates must be accepted into L.P.N. program for the scholarship to be awarded.
2. L.P.N. graduates from WCCS must be accepted into the A.D.N. mobility program for the scholarship to be awarded.
3. Minimum 3.0 college GPA for Nursing Assistant graduates entering the L.P.N. program.
4. Minimum 2.5 college GPA for L.P.N. graduates entering the A.D.N. program.
5. Must complete all course work listed in the designated curriculum with a minimum grade of “C” (75%) and maintain a minimum GPA of 2.5

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 to the Nursing Department by published deadline.

Deadline for Summer Award May 1st

Deadline for Fall Award July 30th

Deadline for Spring Award December 1st
Career Ladder Scholarship

Name: ______________________________________________________ SSN___________________

Address: __________________________________________ City:______________________________

State: _________________ Zip Code ___________ Telephone:_________________________________

Name of College or High School ________________________________________________________

College or High School GPA (whichever applicable) _________________________________________

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

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
Nursing Department
Attention: Suzanne Light
3000 Earl Goodwin Parkway
P.O. Box 2530
Selma, AL 36702-2530
E-mail: suzanne.light@wccs.edu