

Applications must be typewritten or legible and in black ink

Jean Hayen Nursing Scholarship Fund Application

General Information

Name of Applicant: _____
(Last Name, First Name, MI)

Current Address:
Street Address: _____
City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

E-mail address: _____

Marital Status: Check one:
 Single Married Divorced Widowed

Dependent information:
Number of dependent children _____ Ages: _____

Tax Information

You must enclose a copy of your 2006 Income Tax Return (filed in 2007):

Federal Adjusted Gross Income:
Form 1040-EZ, Line 4: _____
Form 1040A, Line 21: _____
Form 1040, Line 37: _____

If you did not file a Federal income tax return for 2005, please include copies of your 2005 W-2 Forms or income verification from other sources:

Source of Income: _____	Amount: _____
Source of Income: _____	Amount: _____
Source of Income: _____	Amount: _____
Source of Income: _____	Amount: _____

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Financial Aid Information

For the 2007-2008 School Year:

Will you receive assistance from? (Check all that apply):

- 1. Student Loans:** yes no if yes, amount _____
2. Grants: yes no if yes, amount _____
3. Work/Study: yes no if yes, amount _____
4. Parents: yes no if yes, amount _____
5. Alimony/Child Support yes no if yes, amount _____
6. Other (please specify) yes no if yes, amount _____

School Enrollment Information

What course are you currently enrolled/planning to enroll in?

- Certified Nursing Assistant Course (non-reimbursable by employer or government agency)**
 Licensed Practical Nursing Program
 2-year Associate Degree in Nursing Program
 1-year LPN to RN mobility program

Name of School: _____

Address: _____

City: _____ **State:** MN **Zip:** _____

Course/Semester Start Date: _____

Course/Semester End Date: _____

Cost of the course/Semester: Tuition and Fees: _____

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4. What kinds of obstacles and hardships have you encountered in achieving your goals?

5. What financial hardships are you encountering that are “roadblocks” to meeting your goals?