



Scholarship Application for Uniforms

Contact Information

Student Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

What are your needs?

Please indicate what you will need the scholarship to pay for.

Money in the Scholarship Fund is limited; please indicate only what you need.

- Uniform Top Taber's Medical Dictionary scissors pen light
 Uniform Pants Care plan handbook gait belt safety goggles
 Nursing shoes Name Badge pin watch other:

Parent/Guardian

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted to receive a scholarship for uniforms, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Student Name (printed)	
Signature	
Date	

Parent/Legal Guardian Name (printed)	
Signature	
Date	

Letter

Write a letter explaining your situation and your needs.

Our Policy

It is the policy of the Nursing Program at CEC to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form.