

Certified Nursing Assistant EXAM FEE Scholarship

The Western Foundation may provide support to students who experience financial need to complete the Nursing Assistant Certificate EXAM. *Applicants must be completing the Western CNA program and must be registered for the exam within one month of program completion*. Applications are considered continually throughout the year.

Email (this is now you will be no	otified):	
Phone:	Date of Birth	
Campus (Please circle): La Cro	osse Mauston Sparta Tomah Black River Falls Indepe	ndence
Are you in high school? A	re you taking this course as a prerequisite? When does you	r class end?
Are you in the Wis Caregiver pro	gram? Is your employer paying for your CNA?	
Describe your short and long ter	m goals. When you receive this certificate, what do you want to	do?
Why do you want to be a Nursir	g Assistant?	
Why do you feel you are deserv	ng of the scholarship to help pay for the CNA Exam Fee?	
How are you paying for this cou	raz [,]	
riow are you paying for this cou		
falsified, misleading, or purposely omit later date. In addition, I grant Western	red by me and that the information provided is true, accurate, and complete. I all ed information will disqualify me from consideration and/or may require me to r Technical College Foundation authorization to consultant my academic records/t and grant permission to release my name, address and program to the scholarship	re-pay the scholarship at a transcripts, financial aid
Applicant Signature:	Date:	
(Please use the back of this sh		e 1 of 1
•	application & a copy of your Nurse Aid Registry Exam Payr green paper) to the Western Technical College Foundation	

Drop off: Coleman Center, Room 130 **Mail:** 400 Seventh Street North, La Crosse, WI 54601 **Or email a copy to** <u>Jaime Fortier at fortierj@westerntc.edu</u> **Fax:** 608.789.4771 **Phone**: 608.785.9261