



## Certified Nursing Assistant Scholarship

The Western Foundation may provide support to students who experience a financial need through a scholarship. Applicants must be currently registered in the CNA program.

ID Number: \_\_\_\_\_ Student Name (Please Print): \_\_\_\_\_

Email (this is how you will be notified): \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Campus (Please circle): La Crosse Mauston Sparta Tomah Black River Falls Independence

Are you in high school? \_\_\_ Are you taking this course as a prerequisite? \_\_\_ When does your class end? \_\_\_\_\_

Are you in the Wis Caregiver program? \_\_\_\_\_ Is your employer paying for your CNA? \_\_\_\_\_

Describe your short and long term goals. When you receive this certificate, what do you want to do?

Why do you want to be a Nursing Assistant?

Why do you feel you are deserving of the scholarship to help pay for the CNA certificate class tuition?

How are you paying for this course?

*I certify that this application was prepared by me and that the information provided is true, accurate, and complete. I also recognize that any falsified, misleading, or purposely omitted information will disqualify me from consideration and/or may require me to re-pay the scholarship at a later date. In addition, I grant Western Technical College Foundation authorization to consultant my academic records/transcripts, financial aid status, to verify scholarship eligibility and grant permission to release my name, address and program to the scholarship donor.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed application to the Western Technical College Foundation office.**

**Drop off:** Coleman Building Room 130 **Mail:** 400 Seventh Street North, La Crosse, WI 54601

**Or email a copy to [Jaime Fortier at fortierj@westerntc.edu](mailto:Jaime.Fortier@westerntc.edu) Fax:** 608.789.4771 **Questions?** 608-785-9261