



**Herkimer
Region
College &**

352 Gros Boulevard, Herkimer,
New York 13350
Phone (315) 867-2000
Fax (315) 867-2024

FOR OFFICE USE ONLY:

ID# _____

Award Amount: \$ _____

TO THE APPLICANT

The Herkimer Region College & Career Scholarship Foundation provides financial assistance to help students enter higher education. By completing the information required in this application, you will enable us to determine your eligibility consistent with our evaluation criteria.

You must complete your sections of this application at your earliest convenience and forward it to the person you have selected to complete the applicant appraisal (page 3). You are encouraged to select a school or college counselor or teacher. If this process is inappropriate, you may select an employer, member of the clergy, a job supervisor, or any other person who is in a position to evaluate you according to the criteria given.

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information. Please indicate appropriate sections.

You are responsible for seeing that all supporting documents are submitted. Herkimer Region College & Career Scholarship Foundation reserves the right to process only applications found to be complete as of the application postmark deadline.

LPN STUDENT

Full-Time

☐

Part-Time

☐

**Return to Herkimer BOCES LPN Program Coordinator by:
March 15, 2024**

Please print or type

APPLICANT DATA

Mr. _____
Ms. Name (Last) (First) (Middle Initial)

Permanent Address (Street) (City) (State) (Zip)

Date of Birth (month, day, year) Home Telephone Number Work Telephone Number

Work Experience: Describe your work experience during the past **four** years. Indicate dates of employment in each job and approximate number of **hours** worked each week.

Employer/Position/Duties	Date From (month/year)	Date To (month/year)	Hours Per Week

Activity	Number of Years Participated	Special Awards/ Honors	Activity	Number of Years Participated	Special Awards/ Honors

School & Community Involvement: List all community activities in which you have participated without pay **during the past four years** (e.g. Red Cross, church work, and volunteer work). Indicate special awards/honors.

Aspirations & Goals: Tell us about your future plans as they relate to your education and career goals. Make a statement of your plans as they relate to your educational and career objectives and future goals.

Please answer the following question if you wish to be considered for the *Special LPN Award*:

☐ Single Parent

Unusual Circumstances: If applicable, please report any personal hardships or unusual family or personal circumstances you feel warrant attention.

APPLICANT APPRAISAL

REQUIRED – IF NOT COMPLETED APPLICATION WILL NOT BE CONSIDERED

Please type or print

Please do not use applicant's name in appraisal.

To be completed by a supervisor or teacher.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return this form to the applicant, or photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of a post-secondary education program is:	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate
The applicant's achievements reflect his/her ability:	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's ability to set realistic and attainable goals is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The quality of the applicant's commitment to school and community is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The applicant is able to seek, find and use learning resources:	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant demonstrates curiosity and initiative:	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's respect for self and others is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Comments (please print or type) **Comments must be included to ensure that applicant receives the maximum number of points:** _____

Appraiser's Signature

Title

()

Telephone Number

Date

Relationship to Applicant

How long have you known applicant?

Student has passed admission requirements for the LPN Program and plans to attend.

Herkimer BOCES Nursing Coordinator

Date