



Regirer Nursing Scholarship Checklist for Applicant

This section is intended to help you make sure you are returning the required, completed information. **All documents must be mailed to the VHCA-VCAL office by June 28, 2024. Incomplete applications will not be considered by the Nurse Scholarship Committee.**

Applicant's Name: _____
First Middle Initial Last

Be sure to include:

- _____ 1. Completed Application Form.
- _____ 2. Completed Financial Need Information Form.
- _____ 3. Completed Nursing Program Enrollment Form.
- _____ 4. A copy of a letter of acceptance or current unofficial transcript from a nurse education program **fully** approved by the Virginia Board of Nursing. Applicants should check the Board of Nursing website (<http://www.dhp.virginia.gov/Boards/Nursing/EducationPrograms/>) regarding status of nurse education programs. Programs with provisional approval or out-of-state programs will be reviewed on a case-by-case basis.
- _____ 5. Reference forms in sealed envelopes. (One from **each** of the following.)
 - _____ Facility administrator
 - _____ Direct supervisor in facility/center
 - _____ Supervisor in facility/center (or department head, but not direct supervisor)
- _____ 6. Applicant's personal letter stating why she/he wants to become a nurse and an explanation of financial need. Please include personal career goals.

Please mail all of the information by June 28, 2024 to:

VHCA-VCAL
Regirer Nursing Scholarship
2112 West Laburnum Avenue, Suite 206
Richmond, Virginia 23227



Regirer Nursing Scholarship Application Form

All information submitted will be reviewed by the VHCA-VCAL Nurse Scholarship Committee members in an ethical, professional, and confidential manner.

Please type or print clearly in ink.

Applicant's Name: _____
First Middle Initial Last

Current Position/Degree: _____ Degree Sought: _____

Facility/Center Where Employed: _____

Address City/State/Zip Code

Facility/Center Administrator

Facility Phone Number

Month/Year When First Employed in Facility Full or part time

Home Address: _____
Street

City/State/Zip Code

Phone Number with Area Code _____

Email Address _____

Which is the best way to contact you?

_____ Phone

_____ Email

_____ Text

List other health care work experience and dates of employment: _____



Regirer Nursing Scholarship Financial Need Information Form

All information submitted will be reviewed by the VHCA-VCAL Nurse Scholarship Committee members in an ethical, professional, and confidential manner.

Applicant's Name: _____
First Middle Initial Last

Number of Dependents (include self): _____

Your annual net income (after tax / take home pay): _____

Spouse's annual net income (after tax /take home pay): _____

Please indicate total amount in each bank account as of the application date:

Checking \$ _____ Savings \$ _____ Other \$ _____

Please list debts and current financial obligations (rent, car payment, loan payments, outstanding bills, credit cards, etc.)

Debt / Financial obligation	Dollar Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Estimated total cost of the nursing course: _____

Registration fee: _____

Tuition: _____

Books: _____

Other (*Specify*): _____



Regirer Nursing Scholarship Nursing Program Enrollment Form

Applicant's Name: _____
First Middle Initial Last

Course: _____

School: _____

Address: _____

Program Start Date: _____

Is the school **fully approved** by the Virginia Board of Nursing? Yes _____ No _____

Program Completion Date: _____ License/Degree Sought: _____

Have you ever been convicted of a federal or state crime, or do you have any criminal charges pending? Yes _____ No _____

If yes, please explain and provide the date and nature of any convictions and criminal charges.

Are you currently receiving financial aid or tuition assistance? Yes _____ No _____

If yes, please explain. _____

Have you applied previously for this scholarship program? Yes _____ No _____

If yes, did you receive the scholarship? Yes _____ No _____ If yes, which year? _____

If currently enrolled in nursing school, please include an unofficial transcript from current semester.

Statement:

I have read and understand the instructions and criteria for application and eligibility for the Regirer Nursing Scholarship. I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision. I affirm that everything is true and correct. If selected, I agree to be personally interviewed by a VHCA-VCAL member. I agree to work in a VHCA-VCAL member facility/center during the time in which I am enrolled in a nursing program and for a period of at least one year in a full time status or 2080 hours after I have completed my nursing program. I agree to return the scholarship money in full if I do not fulfill my obligations as stated above.

Name (please print): _____

Signature: _____

Date: _____



Regirer Nursing Scholarship Reference Form

Name of Applicant:					
<i>First</i>	<i>Middle</i>	<i>Last</i>			
Name of Person Making Recommendation:					
Relationship to Applicant (must be from center where applicant is employed): <input type="checkbox"/> Facility Administrator <input type="checkbox"/> Direct Supervisor in Facility/Center <input type="checkbox"/> Supervisor in Facility/Center (or department head, but not direct supervisor)					
How long have you known this applicant?					
Please carefully assess the applicant in the following areas. In making your assessment, compare the applicant to other individuals you have known who have similar levels of experience and education:					
	Superior	Good	Average	Poor	Unknown
Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Towards Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments (please use the back of this form if more space is needed):					
Overall: <input type="checkbox"/> Highly Recommend <input type="checkbox"/> Without Reservation <input type="checkbox"/> Recommend with Reservation (<i>please comment on why you have reservations about this candidate</i>)					
Signature:			Title:		

The completed reference form is to be placed in a sealed envelope by the person making the reference and given to the applicant.



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