



**Warren Forest Higher Education Council**  
 589 Hospital Drive, Suite F, Warren, Pennsylvania 16365  
 814-723-3222  
*Your Access to Lifelong Learning at [www.hi-ed.org](http://www.hi-ed.org)*  
 Joan Stitzinger, Executive Director E-mail: [jstitzinger@hi-ed.org](mailto:jstitzinger@hi-ed.org)

# LPN Scholarship Application

|  |  |
|--|--|
| Name _____<br><br>Mailing Address _____<br><br>City _____ State _____ Zip _____<br><br>Home Phone (____) _____ Work (____) _____ | <u>FOR OFFICE USE ONLY</u><br>Year 2012<br><br>Date Rec'd _____<br><br>Venango Technology Center<br>LPN Program<br><br>Award _____<br><br>Source _____ |
|--|--|

### Authority to Release Information

Please complete the following information by printing neatly. A copy of this release will be provided to the Venango Technology Center to authorize the release of information to the Warren/Forest Higher Education Council. Scholarship Assistance is requested for the year 2012-2013.

I have ( ) have not ( ) filed the appropriate Free Application for Federal Student Aid (FAFSA) for the institution listed. The institution identified above must be listed as the school of choice on the application. The institution cannot determine your scholarship or grant eligibility if you have not filed the FAFSA for the current academic year OR if you have not listed the institution as a school of choice.

I hereby authorize the Executive Director of the Warren/Forest Higher Education Council to obtain any/all information in my files pertaining to my enrollment at Venango Technology Center for the periods for which I have requested scholarship assistance. The information may contain all/any financial information. This release is executed with the full knowledge and understanding that the information is for the official use of Warren/Forest Higher Education Council so they may make a determination of scholarship assistance available to me.

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
Date

Please note: You may be eligible for federal and state assistance. The Warren/Forest Higher Education Council expects you to apply and determine your eligibility for those funds before applying for this scholarship. Talk to **your school's representative for information on the federal and state aid.** (Attach award notification.)

If you did not apply, give your reasons for not applying for aid and an explanation of how you will pay for courses:

EDUCATION INFORMATION

High School Attended: \_\_\_\_\_ Year of Graduation or GED (passed) \_\_\_\_\_

Have you attended any post-secondary programs in the past?     Yes     No

Describe \_\_\_\_\_

Have you ever taken courses offered through Warren/Forest Higher Education Council?     Yes     No

If yes, please list last course(s) taken:

School

Course Title

Grade Earned

**If you've taken college credit classes, what is your current GPA?** \_\_\_\_\_ (*please attach proof of gpa.*)

Total LPN Tuition Cost= \_\_\_\_\_ Tuition

+ \_\_\_\_\_ Books

+ \_\_\_\_\_ Additional Fees

= \_\_\_\_\_ Total Expense

Please attached Financial Aid Form from Venango Technology Center.

FOR OFFICE USE ONLY

INCOME INFORMATION

(All information must be filled in *COMPLETELY* or application will not be considered)

Employment:     Full-Time     Part-Time     Unemployed

If employed: Employer(s) \_\_\_\_\_ Gross Annual (Yearly) Earnings: \$ \_\_\_\_\_

Years Employed: \_\_\_\_\_ Position: \_\_\_\_\_

If married: Spouse's Employer: \_\_\_\_\_ Gross Annual (Yearly) Earnings: \$ \_\_\_\_\_

2011 Adjusted Gross Income (This is the amount reported on your federal tax return. If you have not filed your tax return, please estimate and state that the figure is an estimate.) \$ \_\_\_\_\_

Value of other assets: savings accounts \$ \_\_\_\_\_; real estate \$ \_\_\_\_\_  
investments (stocks, bonds, retirement) \$ \_\_\_\_\_; Other: \_\_\_\_\_ \$ \_\_\_\_\_

EXPENSE INFORMATION

Do you rent or own your home?     Rent     Own    Monthly Rent or Mortgage Payment: \$ \_\_\_\_\_

Marital Status:  Single     Married     Divorced     Separated     Widowed

**Dependents: Are you claimed as a dependent on anyone's tax return?**  Yes     No

If Yes, give full name and relationship of person who claims you as a dependent:  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Do you claim any dependents on your tax return?  Yes     No

If Yes, list name(s), age(s), and address (if different from yours) of all dependents:  
 Name \_\_\_\_\_ Age \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_

Number of dependents in college or other post-secondary programs: \_\_\_\_\_

Additional FINANCIAL AID INFORMATION

Will you receive or have you applied for any grants, scholarships, employer reimbursement, or other assistance of any kind for your education?  Yes     No

If yes, indicate the source(s) of assistance and the amounts:

|              |          |                                 |
|--------------|----------|---------------------------------|
| PELL         | \$ _____ | PHEAA \$ _____                  |
| Student Loan | \$ _____ | Employer Reimbursement \$ _____ |
| Other        | \$ _____ |                                 |

On the back of this paper, write a brief statement: explaining how much scholarship aid you feel you need and why you need it. Include any extenuating circumstances (i.e. personal or family medical problems, extraordinary financial obligations, etc.) If necessary attach a separate sheet of paper.

On the back of this paper, write a brief statement: outlining your educational, personal, and professional goals. If necessary, attach a separate sheet of paper.

All of the information on this application is true, complete, and correct to the best of my knowledge. I certify that I meet all eligibility criteria. If any changes occur, I will notify the Warren/Forest Higher Education Council. I agree, if asked, to give proof of the information on this form. I realize that this proof may include a copy of my, or if applicable, my parents' current federal and/or state tax return. Should any of the above information be incorrect, I will repay in full any assistance received. Should I withdraw from a course(s) or it is cancelled, I will notify the Warren/Forest Higher Education Council in writing and make arrangements for repayment or cancellation of the scholarship grant in full or repayment of that portion of the grant applied to the affected course (s). I understand that failure to do so will prohibit me from being considered for scholarships in the future. I understand that my name and the amount of the award will be released to the corporation or foundation that funds my award.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

While this grant is not a loan, the Warren/Forest Higher Education Council hopes that each recipient will feel the **obligation to contribute to the Council's scholarship fund when and as he/she is able. This allows the Council to assist future students in the same manner that recipients are helped.**