

**APPLICATION FORM
WLN SCHOLARSHIP AWARD PROGRAMS**

The Wisconsin League for Nursing's (WLN) Scholarship Programs are available to Wisconsin residents currently enrolled in Wisconsin schools of nursing that are a NLN Agency Member or accredited by the NLN's Accrediting Commission (NLNAC). The applicant must have completed one half of the credits necessary for graduation. LPN applicants must be currently enrolled in an LPN program. One scholarship is awarded each Spring to a Wisconsin High School senior accepted into a Wisconsin nursing program for the following Fall.

The amounts of the awards are: \$500 for LPN and \$1,000 for all other programs

WLN ANNUAL SCHOLARSHIP PROGRAMS:

SPRING: A variety of WLN scholarships for RN Graduate students, BSN/ADN students, and one WI H.S. Senior accepted into a WI nursing program (as above).

FALL: Scholarships fully funded by ANTHEM Blue Cross Blue Shield Foundation of WI. These scholarships are awarded to RN Graduate students, BSN/ADN students and LPN students.

NURSING STUDENTS: This application form serves for BOTH programs and should be submitted by **February 15th** to your program's Dean or Chairperson for submission to the WLN.

HIGH SCHOOL SENIORS: Application forms with a copy of the acceptance letter from the nursing program they are planning to attend and a letter of recommendation from a teacher should be mailed to:

**WLN Scholarship Program % Mary Ann Tanner, WLN Adm. Sec.,
P. O. Box 107, Long Lake, WI 54542-0107 by MARCH 1st.**

Check the following to indicate the program you are currently in:

- _____ LPN
- _____ BSN
- _____ ADN
- _____ GRADUATE
- _____ GRADUATE/EDUCATOR TRACK
- _____ HIGH SCHOOL SENIOR (Mail direct to WLN including the above 2 letters)

. Applications need to be LEGIBLE and in completed in BLACK ink for duplicating purposes for grading by the Scholarship Committee members.

IMPORTANT: ALL applicants are asked to write and attach a one page letter addressing the following areas:

1. Scholastic ability
2. Professional activities and/or community service and WSNA activities
3. Understanding of the nursing profession
4. Goals upon graduation
5. Financial need.

Name: _____ Phone: _____
Email: _____ Fax: _____

Address: _____
City: _____ Zip: _____

Marital Status: _____ Number of children: _____ Ages: _____ Ethnicity: _____

School currently attending: _____

Total credits required to graduate: _____ Total credits earned to date: _____

GPA: _____ Anticipated Graduation Date: _____

Current academic debit to date: \$ _____

Previous post-secondary schools attended:

School/city/state: _____ GPA: _____

Years enrolled: _____ Diploma/degree/certificate: _____

Other: _____

Employment:

Place/city: _____ Dates: _____

Position: _____ Hours/week: _____ Salary/week _____

Other: _____

Additional scholarship awards/grants/other:

Type: _____ Amount \$ _____

Type: _____ Amount \$ _____

Other: _____

Previous WLN award: _____

DEADLINE FOR APPLICATION: February 15th of each year