

**Kishwaukee Community Hospital Auxiliary
Basic Nurse Assistant Scholarship
Instructions and Policies**

Scholarship Information:

Applicant must show financial need.

Applicant must be a **DeKalb County** resident

The scholarship **covers tuition**. *Uniforms, books, testing fees, etc. are the responsibility of the student.*

Scholarship applicants should register **four weeks** before the start of the class to give the Auxiliary Scholarship Committee ample time to review applications and select recipients. Upon selection, the Kishwaukee Hospital Auxiliary, will pay the tuition for the recipient to Kishwaukee College before the tuition due date, approximately ten days before the start of classes.

Scholarships are awarded for a specific session of the BNA 8-week course.

Requirements for BNA Scholarship:

Submit a scholarship application

A high school transcript, GED diploma, or proof of registration in a GED preparation class must accompany application.

Direct questions and all documents to:

**Paula von Ende
Kishwaukee Community Hospital
One Kish Health Services Drive
PO Box 707
DeKalb, IL 60115,
815.756.1521, ext. 153372.**

Scholarships to be awarded based on:

Financial need

Evidence of interest and experience in health care.

Scholarship application is due at least three weeks before the Kishwaukee College tuition due date. Please check the date on your registration statement.

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**Kishwaukee Community Hospital Auxiliary
Scholarship Application for Basic Nurse Assistant Program
Confidential Financial Information**

Does your family have any unusual demands on income, such as illness, handicaps, or dependents? Describe on the back of this form.

Family's combined net income \$ _____
Submit a copy of most recent Federal 1040 Form. Year of return _____

Monthly Net Income \$ _____

Combined Family Income \$ _____

Child Support/Alimony \$ _____

Gov't Assistance (TANF) \$ _____

Food Stamps \$ _____

Savings/Interest/dividends
Income available monthly \$ _____

Other Sources of Income (list)

_____ \$ _____

_____ \$ _____

Total Monthly Income \$ _____

Monthly Expenses

Housing \$ _____

Food \$ _____

Utilities \$ _____

Telephone \$ _____

Medical/Dental \$ _____

Auto Payments \$ _____

Insurance \$ _____

Child Care \$ _____

Other (explain) \$ _____

Total Monthly Exp. \$ _____

I verify that all of the above information is accurate to the best of my knowledge.

Name _____ Date _____

Scholarship/Confidential Information 07/02

Scholarship/BNA Scholarship Application : 1/08
