

**Certified Nursing Assistant EXAM FEE Scholarship**

The Western Foundation may provide support to students who experience financial need to complete the Nursing Assistant Certificate EXAM. ***Applicants must be completing the Western CNA program and must be registered for the exam within one month of program completion***. Applications are considered continually throughout the year.

**ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Name (Please Print):**

Email (**this is how you will be notified**):

Phone: Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus (Please circle): La Crosse Mauston Sparta Tomah Black River Falls Independence

Are you in high school? \_\_\_\_\_ Are you taking this course as a prerequisite? \_\_\_\_\_ When does your class end? \_\_\_\_\_

Are you in the Wis Caregiver program? \_\_\_\_\_ Is your employer paying for your CNA? \_\_\_\_\_

Describe your short and long term goals. When you receive this certificate, what do you want to do?

Why do you want to be a Nursing Assistant?

Why do you feel you are deserving of the scholarship to help pay for the CNA Exam Fee?

How are you paying for this course?

*I certify that this application was prepared by me and that the information provided is true, accurate, and complete. I also recognize that any falsified, misleading, or purposely omitted information will disqualify me from consideration and/or may require me to re-pay the scholarship at a later date. In addition, I grant Western Technical College Foundation authorization to consultant my academic records/transcripts, financial aid status, to verify scholarship eligibility and grant permission to release my name, address and program to the scholarship donor.*

**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_