

Scholarships or other supplements received (name and amount) _____

Names and phone numbers of two professional persons who will write letters of recommendations (attach these letters to this application).

Name _____ Phone _____

Name _____ Phone _____

Please attach an essay explaining why you are pursuing an education in the field of nursing or health care, your goals for the future, and demonstrate your financial need for this scholarship. Include any additional information that will assist us in evaluating your application. **Please detail your interest and and/or experience** in direct patient care, special needs for yourself or family.

The scholarship committee/Helena College may submit a notice of the award to the local newspaper or use the award information in public relations documents. The award information may include your name, program and dollar amount awarded. By signing this form you acknowledge and agree that this information may be disclosed.

Signature _____ Date _____

Submit completed application form and materials to Helena College Financial Aid Office at 1115 North Roberts Street, Helena, MT 59601.

The deadline for the Lacey Miller Nursing/CNA Scholarship is July 3, 2017.