



Black Hawk College East Foundation Dual Enrollment CNA Scholarship Application

Date of Application: _____

Application Instructions

✓ when completed

To be considered applicant must:

1. Complete Black Hawk College Dual Credit Admissions Application if you are a new student.
2. Complete CNA Scholarship Application, including personal statement.

Transcripts required:

- Current high school students must submit a current high school transcript.

Return completed application to: Black Hawk College East Foundation
 26230 Black Hawk road
 Galva, IL 61434
 (or email to: breedlovel@bhc.edu)

Please Print or Type

I. Personal Data:

Name: _____
Last First Middle

Student ID Number: _____ Phone: _____

Address: _____
Street City State Zip Code

County: _____ Email: _____

High School Attended: _____

Date of Birth (must be 16 years or older): _____

Home Schooled: Yes No

Household Income: \$0 - \$5,000 \$5,000 - \$10,000 \$10,000 - \$25,000 \$25,000 - \$50,000
 over \$50,000

II. Black Hawk College Enrollment:

Check one: New College Student Returning BHC Student Transferring to BHC
 High School/Dual Enrollment Student

III. Community Involvement and Honors:

List high school, college or community organizations and/or activities in which you have been involved or have received honor. (Examples: sports, clubs, volunteer work.)

Organization or Activity	Nature of Participation	Date(s) of Participation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Honors, Awards or Accomplishments	Date Received
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

IV. Work Experience: (Attach additional page if needed.)

List recent part-time and full-time jobs

Employer	Hours/Week	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. Submit a 1-2 page typed personal statement and attach to your application. This is your opportunity to address the Scholarship Committee. Your statement must be a minimum of 150 words.

The following are ideas you may want to include in your statement:

- Why are you interested in the Black Hawk College Certified Nursing Assistant Program?
- What are your plans for the future? Will you continue your education after Black Hawk College?
- Why should you receive a CNA scholarship?

VI. Certification

I certify the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the Scholarship Committee.

I understand information from my academic history may be released to the Scholarship Committee.

If awarded a Scholarship, I release to Black Hawk College the right to use my name and picture for publications, reports and press releases.

If I receive a scholarship, I will send a thank you note to the Foundation Office to be passed on to the benefactor.

I realize that if I receive a scholarship, I am expected to attend the Fall Scholarship Banquet.

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature : _____ Date: _____

Black Hawk College will make all educational and personnel decisions without regard to race, color, religion, gender, sexual orientation, marital status, national origin or ancestry, age, physical or mental disability unrelated to ability, or status as a disabled veteran or Vietnam era veteran, except as specifically exempted by law. If you need an accommodation based on disability to fully participate in this program/event, please contact Disability Services at 309-796-5900, 309-796-5903 (CAPTEL) or 309-716-3310 (video phone).