VANCOUVER METHODIST FOUNDATION

401 East 33rd Street Vancouver, Washington 98663

DR. CLIFFORD STICKNEY-CLARK COLLEGE NURSING PROGRAM SCHOLARSHIP

DEADLINE: May 1, 2024

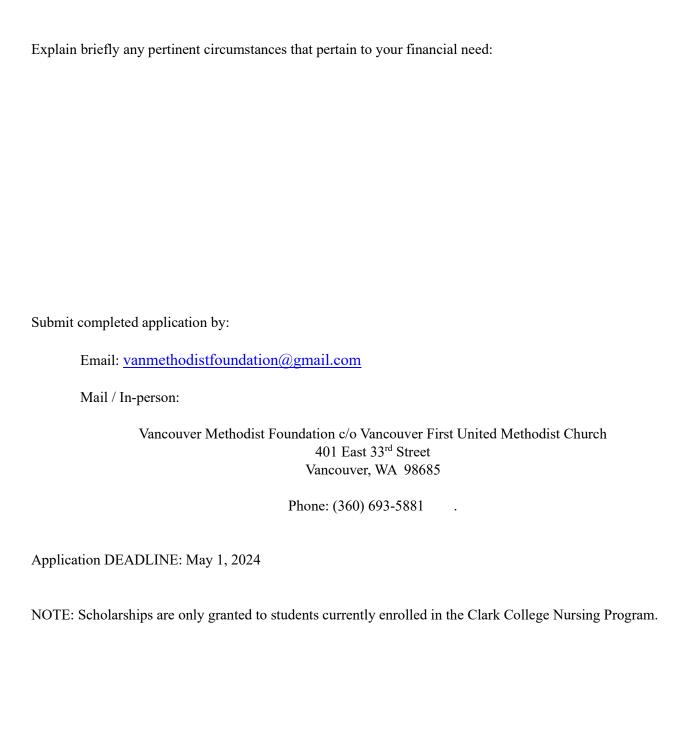
. Name	First	Middle	Age_		
. Address					
Stre		City	State	Zip	
. Home phone:	Cell	:	Date of Applicat	Date of Application	
. Email address:		Student Id #			
. Marital Status:	Number and ages o	f Children			
. Anticipated graduation of	late.				
. Describe your education					
. Describe why you are pu	ursuing a nursing degree, a	and what you hope to ach	ieve. (attach if needed)	
. Please attach your previo	ous and/or current college	transcripts.			

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10. Include two letters of reference from people other than members of your family.

Scholarships, Grants, or Loans you have applied for:	Awarded?	Amount Awarded
ANTICIPATED EXPENSES PER QUART	EK	
1. Monthly Rent/mortgage x 3		
2. Monthly Food & household expenses x 3		· · · · · · · · · · · · · · · · · · ·
3. Quarterly Tuition and fees		
4. Books per quarter		
5. Monthly Car/other time payments x 3		· · · · · · · · · · · · · · · · · · ·
6. Other		
7. Total Anticipated Expenses per quarter		
ANTICIPATED INCOME PER QUARTER		
8. Monthly Work of applicant x 3		
9. Parents/Spouse Contribution per quarter		
10. Monthly Social Security/Federal Assistance x 3		
11. Scholarships & Grants used per quarter		
12. Loans used per quarter		
13. Savings used per quarter		
14. Other Income		
15. Total Anticipated Income per quarter		
How much additional financial aid is needed? (Line 15 - Line 7)		

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