



## **Practical Nursing Scholarship Application**

### **Purpose**

The purpose of the BUTC Practical Nursing Scholarship is to provide financial assistance to qualified graduating high school seniors who have demonstrated career interest in the health sciences.

### **Awards**

One \$1000 scholarship award is available for the Practical Nursing program in each of the Northeast Florida Area Counties with priority given to Baker, Bradford, and Union counties. Awards must be used within two years of notification of receipt of scholarship and awards are non-transferable.

### **Eligibility**

1. Applicants must be graduating high school seniors from the Northeast Florida Area with priority given to the following counties: Baker, Bradford, and Union.
2. Applicants must be U.S. citizens.
3. Must meet all minimum requirements for entrance into the Practical Nursing program. (Find enrollment criteria at [www.BUTC.edu](http://www.BUTC.edu))

### **Selection Criteria**

1. Demonstrated or expressed interest in health science education.
2. Student essay.
3. Minimum unweighted GPA of 3.00.

### **Application Requirements**

To be considered for the scholarship award, applications must be completed and returned to BUTC no later than Friday, April 20, 2018. The application must include:

1. A completed application form. Only completed application forms will be considered.
2. An official high school transcript displaying the student's unweighted GPA.
3. A one page typed (< 750 words) essay stating the applicant's qualifications; educational and career goals; and, nature of the financial need.

All three of the above items must be received by the stated deadline of Friday, April 20, 2018 before the application will be considered. Partial scholarships will not be awarded. Completed applications should be delivered or sent to: The BUTC Scholarship Program, Attention: Mr. John Tinsler, Bradford Union Technical Center, 609 North Orange Street, Starke, FL 32091-2434.



**Practical Nursing Scholarship Application  
Application Form**

Applicant's complete name: \_\_\_\_\_

Email address: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

High school name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please select which class you would like:**      \_\_\_ Day Class      or      \_\_\_ Evening Class

Circle one: I am a U.S. Citizen.      YES      NO

**Employment Information:**

Date	Company and Position Held	City, State

**List current and past extra-curricular school activities and leadership roles:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**List specific Health Science related experiences  
(Personal or professional):**

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### **Application Statement:**

The information provided in my application is, to the best of my knowledge, complete and accurate. I understand that false statements on this application will disqualify me from the scholarship.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**All materials must be received by Friday, April 20, 2018.**

**If you have any questions or concerns, please contact**

**Mr. John Tinsler at (904)966-6785.**