



Major at Black Hawk College: \_\_\_\_\_

Enrollment Plans:      Full-time      Part-time

**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).*