

Wichman Family Nursing Scholarship Fund

Purpose: This fund was established to provide scholarships to those students attending Johnson County Community College who are pursuing a RN degree through the school's nursing program.

Criteria: In order to be eligible for the scholarship, you must meet the following:

The students eligible for assistance shall be enrolled in the Johnson County Community College Nursing program and pursuing an RN degree.

Student must have completed all the pre-requisites necessary to be accepted to nursing school and show proof of acceptance into the nursing program.

Student must be a full time student and have a 2.5 grade point average or greater.

Student must demonstrate financial need. A copy of the student's 1040 tax return is required as well as the tax return of their family, if they are living at home.

Student must submit a scholarship application on the form provided by the Foundation.

Guidelines: Scholarships will be awarded on an annual basis. The scholarship may be renewed based on the completion of the renew application form and by providing their most recent transcript which indicates a 2.5 grade point average or greater has been maintained.

Deadline: Applications are due by June 15 of each year. Student will be notified by July 10 as to whether or not they have been selected as a recipient of the scholarship.

Please submit applications to:

**Greater Kansas City Community Foundation
Attn: Scholarships
1055 Broadway, Suite 130
Kansas City, MO 64105**

SCHOOL AND COMMUNITY INVOLVEMENT

List any organizations in which you have been a member or jobs in which you have been employed. Organizations may include academic, athletic, civic, religious or social groups. Jobs may also include volunteer work or internships.

<u>Held</u>	<u>Activity</u>	<u>No. of Years</u>	<u>Positions or Offices</u>

List any awards, honors or recognition received:

Which of the above experiences (participation in a particular activity, leadership position or honor received) has been most important to you?

FINANCIAL DATA

Total Number of Family Members in Household and their ages (including yourself): _____

Number of Family Members in College during the school year (including yourself): _____

Father's Employer: _____ Job Title: _____

Mother's Employer: _____ Job Title: _____

Anticipated College Expenses (per year):

Estimated Family Contribution per year:

Tuition & Fees \$ _____

Parents' Contribution:
(from income and assets) \$ _____

Room & Board \$ _____

Student Contribution
(from job and/or savings) \$ _____

Books & Supplies \$ _____

Other (please list)

Other (e.g. relatives; please specify)

_____ \$ _____

_____ \$ _____

Total College Expenses: \$ _____

Total Family Contribution \$ _____

Have you applied for other forms of financial aid at this time? ___ yes ___ no

Have you received other forms of financial aid at this time? ___ yes ___ no

If yes, please indicate the type, amount and source:

Scholarships \$ _____

Source(s):

Grants \$ _____

Loans \$ _____

Workstudy \$ _____

Other \$ _____

(Please forward a copy of any current or future financial aid received from any source)

Do you plan to work during the school year? _____

If there are special financial circumstances which will affect your education, please describe:

I hereby confirm that all information provided on this application is correct and I understand that any false information automatically disqualifies me from eligibility.

(Signature of Applicant)

(Signature of Parent/Guardian)

(Date)

Return by June 15 to:

**Greater Kansas City Community Foundation
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Please make sure to include:

- _____ Completed application
- _____ Tax forms
- _____ Acceptance letter
- _____ Official College Transcript