

# Andrew Huska Memorial

## *Registered Nurse Scholarship Program*



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### APPLICATION DEADLINE - CONTINUOUS

#### Eligibility

- Student Veterans must be enrolled in the RN program at Clark College.  
(Note: Student Veterans who are working on prerequisites for the program are not eligible.)
- Student Veterans must have a minimum GPA of 2.5 and maintain Satisfactory Academic Progress.

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#### Basis of Selection:

- The Student Veterans must meet all eligibility requirements listed above and provide a copy of their DD 214.
- Student Veterans must provide appropriate information regarding individual financial need. Confirmation of submitted information may be required through the Financial Aid Office.
- A one to two page **typed** response to educational and career goals must clearly answer question 18, A and B on the application.
- Two letters of recommendation from instructors are required.

**Completed applications must be returned to the Clark College Veterans Resource Center in Gaiser Hall. Please return applications by the fifth week of your first quarter or any time during subsequent quarters in the program.**

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#### Mechanics of Award:

All applicants will be notified, whether or not they receive the award, via their Clark student email. Be sure to provide your Clark student email in your application, as it will be our most common form of communication. Applicants who are selected as recipients of the Andrew Huska Memorial Scholarship must accept his/her award by turning in a **Thank You letter** to the Clark College Veterans Resource Center located at 1933 Fort Vancouver Way Vancouver, WA 98663 in Gaiser Hall Rm 216. (Please note that the scholarship office will determine a deadline for the award to be accepted). The recipients will continue to receive the award each quarter as long as they are attending the Clark College RN and maintain Satisfactory Academic Progress as defined by the Financial Aid Guidelines. A note written by the student veteran on his/her academic progress is required at the end of each quarter and will be turned in to the Veterans Resource Center, GHL 216. Lastly, before graduating their program, award recipients must submit a final letter explaining what benefits the scholarship award provided for them.



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### Application

Application must be typed or printed legibly.

#### Personal Information

1. Full Legal Name \_\_\_\_\_  
Last First Middle Initial
2. Clark ID \_\_\_\_\_
3. Permanent Mailing Address \_\_\_\_\_  
City State Zip
4.  Male  Female
5. Clark Student Email: \_\_\_\_\_
6. Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_
7. Phone Number \_\_\_\_\_ 8. Cell Number \_\_\_\_\_
9.  U.S. Citizen

#### Financial Information

10. Income you earned last year (include summer) \_\_\_\_\_
11. Savings \_\_\_\_\_
12. Total family income based on Federal Income Tax filed previous year: \_\_\_\_\_
13. Number of people living in your home: \_\_\_\_\_
14. How many dependents are living with you? \_\_\_\_\_

#### Educational Information

15. Cumulative GPA: \_\_\_\_\_
16. Quarter you are currently enrolled in the Clark College Nursing Program: \_\_\_\_\_
17. Anticipated Clark College Nursing Program completion date: (pinning ceremony date)  
Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

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### Educational and Career Goals

18. Please attach a one or two page **TYPED** response to the following:

- A. Explain your educational goals and what qualifications, skills, and talents you feel you have for this field. Relate your accomplishments to your educational goals.
- B. **Explain how you plan to finance your education.** Please include in this statement all resources, such as Financial Aid, parental assistance, income from work, etc. Also explain how you plan to finance your education if you do not receive scholarship funding.

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### Certification

I certify that the information contained in this application packet is correct. I agree to abide by the decisions of the Scholarship Committee and understand that the decisions of the Committee will be final and not open to contest. If awarded a scholarship for the Clark College Nursing Program, I understand that the scholarship funding is for use at Clark College. The Scholarship Committee has my authorization to forward my application on for further consideration and that if selected, my contact information can be released to the donors of any scholarships I receive. I authorize the Clark College Financial Aid Office to release my Clark College transcript to Andrew Huska Memorial Scholarship. I agree that if selected as a scholarship recipient, my name can be used in newspaper and web advertising.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_