



# VANCOUVER METHODIST FOUNDATION

401 East 33<sup>rd</sup> Street  
Vancouver, Washington 98663

## DR. CLIFFORD STICKNEY-CLARK COLLEGE NURSING PROGRAM SCHOLARSHIP

1. Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle

2. Address \_\_\_\_\_  
Street City State Zip

3. Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Date of Application \_\_\_\_\_

4. Email address: \_\_\_\_\_ Student Id # \_\_\_\_\_

5. Marital Status: \_\_\_\_\_ Number and ages of Children \_\_\_\_\_

| 6. Scholarships, Grants, or Loans you have applied for: | Amount | Awarded? |
|---|--------|----------|
| _____   | _____  | _____    |
| _____   | _____  | _____    |
| _____   | _____  | _____    |
| _____   | _____  | _____    |

7. How many credit hours per quarter do you plan to take? \_\_\_\_\_

8. Describe your educational goals, year in the program, and graduation date.

9. Describe why you are pursuing a nursing degree, and what you hope to achieve. (attach if needed)

Name: \_\_\_\_\_

Revised February 2020

**10. Please attach your previous and/or current college transcripts (2.50 GPA minimum).**

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

**ANTICIPATED EXPENSES PER QUARTER**

- 1. Rent or mortgage payment \_\_\_\_\_
- 2. Food and household expenses \_\_\_\_\_
- 3. Tuition and fees \_\_\_\_\_
- 4. Books \_\_\_\_\_
- 5. Car or other time payments \_\_\_\_\_
- 6. Other \_\_\_\_\_

**ANTICIPATED INCOME PER QUARTER**

- 1. Work of applicant \_\_\_\_\_
- 2. Parents or spouse \_\_\_\_\_
- 3. Social Security/Federal Assistance \_\_\_\_\_
- 4. Scholarships awarded \_\_\_\_\_
- 5. Savings \_\_\_\_\_
- 6. Loans \_\_\_\_\_
- 7. Other Income \_\_\_\_\_

**Total anticipated Expenses per quarter \_\_\_\_\_ . Total anticipated Income per quarter \_\_\_\_\_**

**How much additional financial aid is needed? (Difference between expenses and income) \_\_\_\_\_**

Name: \_\_\_\_\_

Revised February 2020

**Explain briefly any pertinent circumstances that pertain to your financial need:**

**Submit completed application by:**

**Email:** [vanmethodistfoundation@gmail.com](mailto:vanmethodistfoundation@gmail.com)

**Mail / In-person:**

**Vancouver Methodist Foundation  
c/o Vancouver First United Methodist Church  
401 East 33<sup>rd</sup> Street  
Vancouver, WA 98685**

**Phone: (360) 693-5881**

**Application DEADLINE: April 30, 2021**

**NOTE: Scholarships are only granted to students attending Clark College.**