

North Country Health Career Initiative Program Scholarship

To be eligible and maintain eligibility for this scholarship, applicants must:

- Be a White Mountains Community College student who is enrolled in the Licensed Nursing Assistant (LNA), Medication Nursing Assistant (MNA), or in the Health and Wellness Advocate Certificate programs.
- Meet the attendance requirements of each program.
- Maintain a 2.0 GPA in order to remain eligible for a scholarship each term for credit bearing classes.
- Be U.S. citizens, non-citizen nationals, or foreign national who possess a visa permitting permanent residence in the United States. Individuals on temporary or student visas **are not** eligible for this scholarship.
- Meet the definition of either **educationally*** or **economically** disadvantaged.
*Educationally disadvantaged individuals come from an environment that has inhibited the individual from obtaining the knowledge, skills and abilities required to enroll in and graduate from a health professions school or health program.
- Participate in an online cultural orientation specific to Northern New Hampshire.
- Provide job placement information following certification/licensure.
- Intend to seek employment or remain employed in a rural, underserved area, increasing workforce capacity to meet unmet needs of residents in rural communities.

Criteria for Proving

Economic or Educational Disadvantage:

To be considered "**Educationally Disadvantaged**", students must prove **one** of the following:

- (1) The individual has taken the SAT within the last three years and performed below average (1500). An official score must be supplied as proof for meeting this criteria.
- (2) The individual graduated from (or last attended) a high school from which, based on most recent data available, had a high dropout rate.
- (3) The individual is able to supply a high school transcript, GED, or take an educational assessment that proves an educational disadvantage.
- (4) The individual is the first generation in his/her family to attend college.

To be considered "**Economically Disadvantaged**", students must prove one or more of the following:

- (1) The individual comes from a family that receives public assistance (e.g., Aid to Families with Dependent Children, food stamps, Medicaid, public housing).
- (2) Meet the family income requirements as listed below by submitting Federal Income Tax Forms the previous year:

Size of Family	Income level **
1	\$23,340
2	\$31,460
3	\$39,580
4	\$47,700
5	\$55,820
6	\$63,940
7	\$72,060
8	\$80,180

**Note: For families/households with more than 8 persons, add \$8,120 for each additional person.

To meet the criteria of "Economically Disadvantaged", an individual must supply a prior year tax form. Any changes in financial status from previous tax year to current date (i.e. loss of income, unemployed), official documentation from the Unemployment Office stating benefit income is required.

Please note: Any student who withdraws or is removed from the LNA, MNA, or Health and Wellness Advocate Certificate program will be responsible for full tuition repayment and related program expenses. Scholarships may only be used for tuition, books, liability insurance, criminal background checks, drug testing- no cash will be disbursed. Scholarships will only be disbursed upon successful completion of the LNA, MNA, and Health and Wellness Advocate Certificate Programs.

Authorization Information:

_____(Initial) I release to the White Mountains Community College (WMCC) and the North Country Health Consortium (NCHC) the right to access and discuss all my current and ongoing personal and academic records and transcripts between each of them. If awarded a scholarship, I understand that I must meet the scholarship criteria outlined above and Standards of Academic Progress for WMCC.

_____(Initial) I release to the appropriate staff of WMCC and NCHC to serve as a reference with the right to discuss my academic progress and attendance with any future employer.

_____(Initial) I understand my name and information from my academic history may be released to the scholarship selection committee(s) and the scholarship donor(s). If awarded a scholarship, I release to the WMCC and NCHC, the right to use my name, story, and picture for printed and video materials, reports, and press releases, without compensation, as well as I will attend ceremonies and receptions.

Please print and use black or blue ink:

TODAY'S DATE: _____ DATE OF BIRTH: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

CURRENT MAILING ADDRESS:

NUMBER AND STREET: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

DID EITHER PARENT ATTEND COLLEGE? YES: ___ NO: ___ DON'T KNOW: ___

**ETHNICITY: AMERICAN INDIAN/ALASKA NATIVE ASIAN/PACIFIC ISLANDER
 BLACK/NON-HISPANIC HISPANIC
 WHITE/NON-HISPANIC

GENDER MALE FEMALE

I AM ENROLLING FOR: FALL SPRING PROGRAM: LICENSED NURSING ASSISTANT
 MEDICATION NURSING ASSISTANT
 HEALTH AND WELLNESS
ADVOCATE CERTIFICATE

LIST LAST HIGH SCHOOL/GED CENTER ATTENDED BELOW. DID YOU GRADUATE? YES NO

SCHOOL: _____ YEAR: _____ STATE: _____

AT THIS TIME, DO YOU THINK YOU WOULD LIKE TO WORK IN A RURAL, UNDERSERVED AREA?

YES: _____ NO: _____ DON'T KNOW: _____

ARE YOU APPLYING FOR ELIGIBILITY AS (SELECT ONE):

ECONOMICALLY _____ OR EDUCATIONALLY DISADVANTAGED _____

PLEASE ATTACH DOCUMENTATION SUPPORTING YOUR ELIGIBILITY.

HOW DID YOU HEAR ABOUT THIS SCHOLARSHIP: _____

I certify that the statements herein are true to the best of my knowledge.

Signature

Date