

The LEAP Scholarship Application Form

2016-2017

Application Instructions

Complete the attached application form to apply for all LEAP Scholarships and/or Nancy Hamilton Hispanic Nurse Scholarships.

Submission Deadlines:

- LEAP Scholarships - **May 5, 2017**
- Nancy Hamilton Hispanic Nurse Scholarships for prospective LPN students - **October 14, 2017**
- The Nancy Hamilton Hispanic Nurse Scholarship concurrent LPN students - **1 week before class starts**

*** Late applications will not be accepted.**

Personal Information

First Name	_____	Last Name	_____
Address	_____ _____	Home Phone	_____
		Mobile Phone	_____
City	_____	E-Mail	_____
State	_____	Zip	_____

Educational Information

Year Graduated from High School	_____
High School	_____
GPA upon Graduation Date	_____

Extracurricular Activities (including Volunteer Experience and Memberships)

Activity	Roles and Responsibilities
1. _____	_____ _____
2. _____	_____ _____
3. _____	_____ _____

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Which NTI diploma program do you plan to study?

Other technical schools, colleges or universities that you have attended:

Technical School/College/University

Dates of Attendance

Degree

List academic honors or awards for scholastic achievement that you have received.

List present and past employment for the last two (2) years:

Employer

Address/Phone

Position/Title

From - To

Explain how you found out about the LEAP Scholarship:

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Confirm by checking the following boxes that you have included the following paperwork, along with this application form, in a sealed envelope that you will submit to the address below:

- Official high school transcript OR GED transcript
- One-page essay explaining why you want to be an LPN/CNA and your financial need
- Copy of your Accuplacer test scores in writing and math
- At least one letter of recommendation (teacher or employee)

As the scholarship applicant, I, _____, understand that I must
Printed - Student Applicant's First and Last Name
meet the LEAP Scholarship criteria and requirements listed in this application in order to be considered a candidate and/or to be the recipient of a LEAP Scholarship. I further understand that I will first need to be accepted into the NTI LPN and/or CNA program before being awarded a LEAP Scholarship and will need to have made financial arrangements to pay for the program in the event that I do not receive this scholarship. Furthermore, I certify that the information given on this application is true and accurate.

Student Signature

Parent/Guardian Signature, if under 18 years of age

Return completed application and other required paperwork in a sealed envelope to:

**NTI LEAP Program
Northwest Technical Institute
P.O. Box 2000
Springdale, AR 72765**