



PROFESSIONAL MEDICAL CAREERS INSTITUTE
Nursing Student Scholarship Application – March 2nd, 2022, Program

APPLICANT INFORMATION			
Last Name	First	M.I.	S.S.N:
Street Address		Apartment/Unit #	
City	State	ZIP	
Primary Phone	E-mail Address		

PMCI Nursing Assistant
Graduate: \$1000 off,
\$250/semester

Approved Amount \$ _____

ONLY FILL IN THIS SECTION IF APPLYING FOR GPA SCHOLARSHIP. YOU MAY COUNT EITHER HIGH SCHOOL OR COLLEGE CREDITS-NOT BOTH. YOU WILL NEED TO PROVIDE DOCUMENTATION AS PROOF (I.E. TRANSCRIPTS).

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Diploma or G.E.D
				GPA:
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
				GPA:
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
				GPA:

- High School GPA: 3.5 to 4.0 2 points
- High School GPA: 3.0 to 3.49 1 point
- *College GPA: 3.5 to 4.0 3 points
- *College GPA: 3.2 to 3.49 2 points
- *College GPA: 2.9 to 3.19 1 points
- Associates Degree (GPA>2.0) 1 points
- Bachelor's Degree (GPA>2.0) 2 points
- Master's Degree (GPA> 2.0) 3 points

Approved Total Points _____

HEALTH CARE RELATED OCCUPATION/EMPLOYED BY A PMCI CLINICAL TRAINING SITE * MUST SHOW PROOF OF CURRENT EMPLOYMENT TO RECEIVE DISCOUNT			
Company #1		Phone ()	
Address		Supervisor	
Licensure/Certification:			
From	To	Reason for Leaving	
Company #2		Phone ()	
Address		Supervisor	
Licensure/Certification:			
From	To	Reason for Leaving	
<ul style="list-style-type: none"> 2 to 4 years' experience in health-care related occupation – 1 point 5 or more years' experience in health-care related occupation – 2 points Employed by PMCI clinical training site \$500 off; \$125 per semester PMCI Nurse Assistant Graduate \$1,000 off; \$250 per semester Current Certificate for CNA \$1,000 off; \$250 per semester Coupon for payment plan Option # 1 \$500.off, \$125 per semester <p style="text-align: center; margin-top: 10px;"> *Must show proof Approved <input type="checkbox"/> Total Points _____ </p>			

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to a scholarship award, I understand that false or misleading information in my application or interview may result in forfeiture of the scholarship award. This application must be turned in with application paperwork.	
Signature	Date

Awards are as follows:**

- 1 point \$300 reduction or \$75 per semester
- 2 points \$400 reduction or \$100 per semester
- 3 points \$500 reduction or \$125 per semester
- 4 points \$600 reduction or \$150 per semester
- 5 points \$800 reduction or \$200 per semester
- 6 points \$1000 reduction or \$250 per semester
- 7 points \$1200 reduction or \$300 per semester
- 8 points \$1500 reduction or \$375 per semester

**Scholarship Discount may not be combined with any other discount or award.

Points awarded _____ = \$ _____
PMCI CNA Graduate <input type="checkbox"/> \$1,000 off/\$250 per semester
Current Certificate CNA <input type="checkbox"/> \$1,000 off/\$250 per semester
PMCI clinical site employee <input type="checkbox"/> \$500 off/\$125 per semester
Discount/Coupon: _____
Total Scholarship plus Discount**: _____
Approved by Director/CEO : _____
Date: _____