KCC Nurse Aide Certification Testing Scholarship

Kellogg Community College Foundation

Purpose: To provide scholarships to students of Kellogg Community College who are in need of financial assistance to pay for the Nurse Aide Certification Exam through Prometric.

Eligibility: Students who have received their certificate of completion for the Kellogg Community College Nurse Aide Training Program and need financial assistance to take the certification exam.

Criteria for Scholarship Assistance:

1. Completion of the KCC Nurse Aide Training Program within the last 60 days.

Scholarship Communication and Awarding Process: Student will be notified of scholarship award or denial within three business weeks. Awarded scholarship funds and Prometric applications will be sent in directly to Prometric by KCCF. No students will be directly reimbursed for test fees.

To be considered, you must submit the following documents:

- This application
- Financial information (see next page)
- o A copy of your Prometric testing application
- A copy of your KCC Nurse Aide Training Program Certificate of Completion

Ways you may submit this application to the KCC Foundation:

- o In person at Roll Building Room 301
- In the Foundation dropbox
- Via email: kccfoundation@kellogg.edu
- Mail: KCC Foundation
 Room 301, Roll Building
 450 North Ave.
 Battle Creek, MI 49017

Applicant Profile Information:

| Student Applicant | | |
|---|----------------------------------|-------------------------------------|
| Last Name | First Name | Middle Initial |
| KCC Student ID Date of E | Birth | Male Female |
| | Mo/Day/Year | |
| Mailing Address | | |
| Street | City | State Zip |
| County Phon | ie | |
| , | Cell | Home/Work |
| Email Address | Last four digits of So | cial Security Number |
| Are you a military veteran? Yes No Academic Information: | | |
| Course Completion Date (| Campus: 🔲 Battle Creel | EAC Grahl Fehsenfeld |
| Is any organization paying or reimbursing you for the groups, etc. YES NO | CENA certification test/ tr | aining? Examples: Employers, church |
| If YES: Organization Name | e Amount Paid by Organization \$ | |
| Please note any relevant details: | | |

| Financial Information: Have you applied to this year's FAFSA? Yes No If application. | f yes, submit a copy of the Student Aid Report (SAR) with this | | |
|---|--|--|--|
| If you have not completed this year's FAFSA, you must co scholarship, without exception. Original documents are i | implete the following financial section to be considered for not required. Documents will not be returned. | | |
| Applicants without a SAR (Student Aid Repor | t) <u>MUST</u> provide: | | |
| Annual Household Income: | Number of Adults Children in household | | |
| Please provide proof of annual household income by incl | uding all of the following documents that apply: | | |
| Income Verification | Benefit Information | | |
| o Two (2) consecutive pay stubs for all adults in your | Social Security | | |
| household. | o Unemployment | | |
| o If pay stubs are not available, provide a letter of | o Disability | | |
| employment specifying gross salary signed and dated by | | | |
| employer on company letterhead. | Public Assistance | | |
| Unemployment check/ verification showing gross and | o Section 8 o TANF (Temporary Assistance to Needy Families) | | |
| net income. | | | |
| | o WIC (Women, Infants and Children) | | |
| | SNAP (Supplemental Nutrition Assistance Program) | | |
| | o Medicaid | | |
| Special Circumstances: If family income has changed plea contribute to your request for financial assistance. Please circumstances include: Major medical expenses not covered | · · · · · · · · · · · · · · · · · · · | | |
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| Certification: I certify that this application is complete and | accurate. | | |
| Name Signature | Date | | |

This scholarship is made possible through the Kellogg Community College Foundation.