

# 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)
- 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:**

- In person at Roll Building Room 301
- In the Foundation dropbox
- Via email: [kccfoundation@kellogg.edu](mailto: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 Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Mo/Day/Year

Mailing Address \_\_\_\_\_  
Street City State Zip

County \_\_\_\_\_ Phone \_\_\_\_\_  
Cell Home/Work

Email Address \_\_\_\_\_ Last four digits of Social Security Number \_\_\_\_\_

Are you a military veteran?  Yes  No

**Academic Information:**

Course Completion Date \_\_\_\_\_ Campus:  Battle Creek  EAC  Grahl  Fehsenfeld  
Mo/Day/Year

Is any organization paying or reimbursing you for the CENA certification test/ training? Examples: Employers, church groups, etc.  YES  NO

If YES: Organization Name \_\_\_\_\_ Amount Paid by Organization \$ \_\_\_\_\_

Please note any relevant details: \_\_\_\_\_

**Financial Information:**

Have you applied for this year's FAFSA? Yes  No  If yes, submit a copy of the Student Aid Report (SAR) with this application.

If you have not completed this year's FAFSA, you must complete the following financial section to be considered for scholarship, without exception. Original documents are not required. Documents will not be returned.

**Applicants without a SAR (Student Aid Report) MUST provide:**

Annual Household Income: \_\_\_\_\_

Number of Adults \_\_\_\_\_ Children \_\_\_\_\_ in household

Please provide proof of annual household income by including all of the following documents that apply:

Income Verification
<input type="checkbox"/> Two (2) consecutive pay stubs for all adults in your household.
<input type="checkbox"/> If pay stubs are not available, provide a letter of employment specifying gross salary signed and dated by employer on company letterhead.
<input type="checkbox"/> Unemployment check/ verification showing gross and net income.

Benefit Information
<input type="checkbox"/> Social Security
<input type="checkbox"/> Unemployment
<input type="checkbox"/> Disability
<input type="checkbox"/> Retirement or Pension
<input type="checkbox"/> Public Assistance
<input type="checkbox"/> Section 8
<input type="checkbox"/> TANF (Temporary Assistance to Needy Families)
<input type="checkbox"/> WIC (Women, Infants and Children)
<input type="checkbox"/> SNAP (Supplemental Nutrition Assistance Program)
<input type="checkbox"/> Medicaid

**Please explain your circumstances:** Please explain, in detail, more information regarding your request for financial assistance and your need for this scholarship. You may use an additional sheet if necessary. Please also note any special circumstances that may not be included in your financial snapshot above (major medical expenses not covered by insurance, separation, divorce, disability, job loss, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification:** I certify that this application is complete and accurate.

\_\_\_\_\_  
Name Signature Date

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

FOR KCC FOUNDATION USE ONLY

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Fund: \_\_\_\_\_ Code: \_\_\_\_\_ Amount: \_\_\_\_\_  
Notify Student: \_\_\_\_\_ Financial aid: \_\_\_\_\_ KCCF: \_\_\_\_\_