

**ESTHER MCAFEE-FLIPPO HUNT  
MEMORIAL SCHOLARSHIP  
APPLICATION  
(LPN STUDENT)**

Name: \_\_\_\_\_

First

Middle

Last

Home Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Student I.D. No. \_\_\_\_\_

Program you attend/major: \_\_\_\_\_

Current GPA: \_\_\_\_\_

Are you receiving any financial aid? \_\_\_\_\_ If so, what kind? \_\_\_\_\_

Amount per year: \_\_\_\_\_

Have you been offered other scholarships? \_\_\_\_\_ If so, what kind? \_\_\_\_\_

Amount per year: \_\_\_\_\_

Please circle your family's approximate total annual income range (include student's income):

**\$0 - \$29,999    \$30,000-\$49,999    \$50,000-\$64,999    \$65,000-\$79,999    more than \$80,000**

Number of Dependents? \_\_\_\_\_ Will you be employed while you are in school? \_\_\_\_\_

If so, where? \_\_\_\_\_

**Please attach an additional page on which you state why you want to become a LPN. Include any information you feel might be of interest to the selection committee.**

**I certify that the information given in this application is true and correct and I agree to abide by the decision of the Northwest-Shoals Community College Scholarship Committee.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this application and all attachments to: Scholarship Office, Northwest-Shoals Community College Foundation, Inc., P.O. Box 2390, Muscle Shoals, AL 35662-2390. For more information contact Teresa Harrison at (256) 331-5215 or by email at [teresah@nwsc.edu](mailto:teresah@nwsc.edu).**

**THIS PORTION SHOULD BE COMPLETED BY NW-SCC FOUNDATION OFFICE ONLY**

Scholarship Type: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_