



Financial Aid Office, PO Box 500, Randolph Center, VT 0506, ph 800.965.8790, fax 802.728.1436

EVELYN M. SOFORENKO NURSING SCHOLARSHIP APPLICATION

Criteria:

- Awarded to students with the highest financial need
- Preference goes to those enrolled as an LPN program or students in the Associate's Degree in Nursing Program.

Amount: Varies

Name: _____ SS# _____

Address: _____

Intended Major at VTC _____

Current cumulative grade point average GPA _____

Have you filed the free application for federal student aid (FAFSA)? yes no

Write a brief explanation of what your overall educational and professional goals are. Also, list and briefly describe awards and honors you have received, and community service, employment or other significant activities in which you have been involved with recently.

PLEASE RETURN TO THE FINANCIAL AID OFFICE BY MARCH 15TH.