

Why have you chosen to pursue a career in Nursing?

Please provide a transcript of your academic record.

References:

Please provide **three** written recommendations from any of the following: teacher, professor, guidance counselor, current or former employer, clergy, volunteer coordinator, or community leader.

Name: _____
Address: _____
Telephone: _____

Name: _____
Address: _____
Telephone: _____

Name: _____
Address: _____
Telephone: _____

Applicant's Signature

Date

Note to Applicants:

Your signature above is authorization for release of school or employment records. The information you supply will be considered by the scholarship committee of the Visiting Nurses of the Lower Valley, Inc. in determining this year's scholarship recipient(s). Please type or print carefully. **All applications must be received by May 29, 2026. All required information must be contained in your application packet, or you will not be considered as a candidate.** All applicants will be treated with strict confidentiality, and the decisions of the scholarship committee are final.

**Visiting Nurses of the Lower Valley
61 Main Street, Suite 5
Centerbrook, CT 06409
860.767.0186
FAX: 860.767.8383
EMAIL: info@visitingnurses.org**