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KENTUCKY BOARD OF NURSING

NURSING INCENTIVE SCHOLARSHIP FUND APPLICATION FORM

Review the "Application Process" and the "Instruction" pages carefully before completing this application. Please note the minimum nursing program credit hour requirement and the work requirement.

Section A: Identification Information

Reminder
Type or Prin
Using Black Ink
and Fill in
Appropriate
Circles

Social Security Number: ___ - __ - ____

Last Name

First Name | MI | Maiden Name

Street Address

City | State | Zip Code ___ - ____

Home Telephone # ___ - ___ - ____ [Include Area Code]

Daytime Telephone # ___ - ___ - ____ [Include Area Code]

Email Address [Use separate box for "dot."]

Section B: Review Information

Are you a KY resident? Yes ○ No ○ New Applicant? ○ Previous or Current Recipient? ○

Do you hold a current KY nursing license? Yes ○ License # ____ No ○

List any previous experience, either paid or voluntary, you have in the health care field:

# of Months	Facility	Job Title or Major Duty

~ Attach a Page if Needed ~

Applicant's Name: SS#: - -

Section C: Student Status Verification

NURSING PROGRAM ADMINISTRATOR: Please complete the portion below and return it to the student.

School Name:

Street Address:

City: State: Zip Code: -

Telephone #: - - [Include Area Code]

Type of Nursing Program: LPN ADN BSN Graduate Graduate Type: _____

Beginning Date for Nursing Program: Month Year

Expected Date of Completion: Month Year

Number of credit hours estimated for completion:

Grade Point Average: - [If no post-secondary GPA, use high school GPA]

Name of Administrator:

Title of Administrator:

Administrator's Signature

Date: - -

Section D: Certification and Release of Information

APPLICANT: Sign and date the certification and authorization for release of information.

I affirm that all the information reported is complete, accurate, and true to the best of my knowledge. I understa that if I do not meet the obligation of this program, I will be required to repay the scholarship funds received pl accrued interest. I understand that I will be required to sign a promissory note and contract to receive NISF fun

I authorize school officials to release the information requested to the Kentucky Board of Nursing for the purpose determining eligibility for nursing loan assistance

Applicant's Signature

Date: - -

Deadline Date: Postmarked by June 1

By June 1, mail the completed application form to the Nursing Incentive Scholarship Fund, Kentucky Board of Nursing, 312 Whittington Pky, Suite 300, Louisville, KY 40222-5172.

If you have questions, email RichelleR.Livers@mail.state.ky.us or call Richelle at 502-329-7000, ex290.

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