

Women at Sutton Home Care (WSHC) Scholarship Verification Form:

I affirm that the information included with my application is true and accurate in all respects and that I intend to pursue a degree or certification in a nursing/healthcare field. I also understand that, if I am selected, the awarding of funds is contingent upon my fulltime enrollment at an accredited institution and that the funds will be paid directly to the institution and used toward the cost of my education. I understand that I must maintain a GPA of at least 3.0 in my courses to be eligible for renewal. If I decide to renew for a second semester, I will notify Brooke Sutton in writing 45 days prior to the beginning of the semester and provide her with most recent grades/transcripts.

Signature

Date

** Please ensure that your application packet includes all of the required information and documents before sending. We will not accept additional documents sent separate from the original application packet, and only complete application packets will be reviewed.