Career Ladder Scholarship

The Career Ladder offers two scholarships.

1. Designated for a WCCS Nursing Assistant Graduate (NAS) admitted into the Practical Nursing Program (L.P.N.) program at WCCS.
2. Designated for a WCCS L.P.N. graduate admitted into the Associate Degree Nursing (A.D.N.) Program at WCCS.

Career Ladder Scholarship Criteria

1. Nursing Assistant graduates must be accepted into L.P.N. program for the scholarship to be awarded.
2. L.P.N. graduates from WCCS must be accepted into the A.D.N. mobility program for the scholarship to be awarded.
3. Minimum 3.0 college GPA for Nursing Assistant graduates entering the L.P.N. program.
4. Minimum 2.5 college GPA for L.P.N. graduates entering the A.D.N. program.
5. Must complete all course work listed in the designated curriculum with a minimum grade of “C” (75%) and maintain a minimum GPA of 2.5

Stipulations

1. Failure of a nursing course results in forfeiture of the scholarship.
2. Scholarship will not be awarded in conjunction with other full tuition and fees scholarships.
3. All applicants must apply for federal financial aid.
4. Students must submit application, copy of transcripts and all other requested documents to the Financial Aid Department for review by published deadline.

Deadline for Summer Award May 1st
Deadline for Fall Award July 30th
Deadline for Spring Award December 1st

Revised MARCH 2020
Career Ladder Scholarship

Name: ___________________________ ID# ______________________

Address: ___________________________________________ City: ______________________________

State: _______________ Zip Code ___________ Telephone: __________________________

Name of College or High School ______________________________________________________

College or High School GPA (whichever applicable) _________________________________________

Honors (List all, if any, academic or merit received)

____________________________________________________________________________________

____________________________________________________________________________________

List all Financial Aid and Scholarships

____________________________________________________________________________________

____________________________________________________________________________________

Explain your financial need (please be specific)

____________________________________________________________________________________

____________________________________________________________________________________

Signature of Applicant: ___________________________ Date: ___________________________

Print Name: _________________________________________________________________________

Return all scholarship information to: Wallace Community College Selma
Financial Aid Department
3000 Earl Goodwin Parkway
P.O. Box 2530
Selma, AL 36702-2530

Revised MARCH 2020