

Big Horn Co. Sch. Dist. #2 BOCES
(Board of Cooperative Educational Services),
Lovell Community Education and Lovell Recreation District
P.O. Box 596 or 502 Hampshire Ave., Lovell, WY 82431
Office: 307-548-6466 Fax: 307-548-6474

Name: _____ Date: _____

Address: _____
street city state zip

Phone Number: (307) _____ - _____

Dates of CNA Class: _____

Name of Institution Offering Class: _____
(If you are a recipient of this scholarship, payment will be sent directly to this named institution.)

Name of Contact at this Institution: _____

Phone Number of Contact at Institution: _____

Address of Institution: _____
street city state zip

Please fill out and answer the following items: (both sides)

1 What is your family income:
Monthly _____ Annually _____

2 Please write a paragraph explaining why you should be considered for this scholarship:

2 Please write a paragraph describing your future plans as a CNA:

3 List 2 (two) of your strengths that would be an asset for this profession:

3 List 2 (two) of your weaknesses that would be improved by this profession:

4 How did you learn about this scholarship?

**Thank you for your interest in this scholarship.
You will be notified within one week of receipt of completed application.**