We at Instituto College understand that the cost of pursuing a degree in higher education, particularly in a healthcare field, can be a significant barrier to many students. Therefore, the Instituto College Scholarship was established to assist students in attaining an Associate's Degree in Nursing at Instituto College as they pursue a career pathway in the healthcare profession.

This scholarship is a one-year scholarship established to pay for the tuition expenses of the recipient. Scholarship amounts are dependent on availability. If awarded a scholarship, an award letter issued to the recipient will confirm the final amount granted. Scholarships are available, which will cover the entire tuition of the recipient for one-year. Eligibility to apply for the scholarship does not guarantee an award.

Scholarships are for payment of tuition expenses and students are not eligible for cash refunds related to scholarship amounts. Additionally, recipients of the Instituto College Scholarship are reevaluated at the end of each term and will only continue to receive their scholarship if specific criteria are met.

To be eligible to apply for the Instituto College scholarship a student must:

- Meet admission requirements for Instituto College
- Meet admission requirements for the Instituto College Associate Degree in Nursing program
- Complete the application form and submit the scholarship application. Scholarship applications can be emailed, mailed, or hand delivered to:
  
  Ms. VonKesha Jenkins  
  College Registrar  
  Room 003  
  2520 S. Western Avenue  
  Chicago, IL 60608  
  v.jenkins@idpl.org
- All materials must be received electronically or in office by 5:00pm on the application due date

To be remain eligible for receipt of the Instituto College Scholarship, beyond the first term a student must:

- Maintain a cumulative 3.0 GPA or higher with no grade lower than a “B” in any course
- Meet the class attendance requirements for all courses taken
- Comply with all college and course student conduct policies

To apply to the Instituto College Scholarship please:

- Complete the entire attached scholarship application (including the essay portion)
- Return the application prior to the start of class
Scholarship Application

Personal Information

Full Legal Name (First / Middle / Last):
_____________________________________________________________________________________________________________

Home Address: ___________________________________________ ___________________________________________

City: ___________________________ State: ________________ Zip: ___________

Primary Phone #: (______) _____-__________ Email: ________________________________

Date of birth: ____/____/______

Gender: [ ] Female [ ] Male [ ] Transgender [ ] Prefer Not to Specify

Ethnicity: [ ] Non-Latino/Hispanic [ ] Latino/Hispanic

Race:
[ ] African-American/Black
[ ] Asian
[ ] Bi-racial
[ ] Caucasian/White
[ ] Hawaiian/Pacific Islander
[ ] Multi-racial
[ ] American Indian/Alaska Native
[ ] Other: ____________

Academic Information

Course Completion as of April 10, 2018:

[ ] ENG 110 or equivalent [ ] MATH 110 or equivalent
[ ] BIO 120 (Cellular & Molecular) [ ] BIO 200 Anatomy & Physiology I
[ ] BIO 210 (Anatomy & Physiology II) [ ] CHM 100 (Basic Chemistry)
[ ] MICRO 200 (General Microbiology)

Completion of CNA Certification: [ ] Yes [ ] No

Have you participated in any other programs at Instituto? [ ] Yes [ ] No

If yes, which programs?
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
Scholarship Application

Financial Information

Are you receiving any other financial support for the upcoming academic year? □ Yes □ No

Independent Student

Did you personally file income taxes for the previous tax year? □ Yes □ No

If yes, what number of dependents did you claim? ____________
What is your estimated household income per the AGI on your last tax returns? ____________

Dependent Student (26 years or younger with no dependents, being support by someone other than yourself)

Did your parent or guardian file income taxes for the previous tax year? □ Yes □ No
Did your parent or guardian claim you as a dependent? □ Yes □ No
Total number of dependents that your parent or guardian claimed? ____________

Are you Currently Employed? □ Yes □ No
If yes: □ Full-Time □ Part-Time

If you begin the Associates in Nursing program will you be able to work part-time at your current place of employment? □ Yes □ No

Essays

Please attach separate sheets of paper to answer the following questions. Each response should be limited to a maximum of 250 words.

1) Describe a time when you were a leader. Tell us about the initiative you took to become the leader. What did you learn from that experience?

2) Please describe your financial need for a scholarship which would cover the complete tuition cost of the program. How are you going to be able to cover non-tuition costs (e.g. housing, food, clothing)?

3) What makes you unique to this program? How will those differences make the program better?

Scholarship Policy

Please note that the scholarship award process is a competitive one and that all eligible applicants may not receive scholarships. Instituto College reserves the right to request additional information related to this application in order to confirm the eligibility of the candidate.

Updated August 2018
Affirmation of Candidate

By submitting this application, I affirm that I want to be considered for the Instituto College Scholarship and allow that information submitted to be used by Instituto College for that purpose. Furthermore, I affirm that the information submitted is true and understand that submission on false information can jeopardize not only eligibility for the scholarship but, also, eligibility for admission to Instituto College.

____________________________________________  ______________________
Student Signature                                    Date

____________________________________________  ______________________
Received By                                          Date

For Office Use Only:

Dean of Academic Affairs and Career Pathways: ____________________________  Date: ____________________
☐ Approved    ☐ Denied    Date: ____________________