



# The Joy Cox Nursing Memorial Scholarship Application Form

***Applicants must attend Wheeling Park High School and  
be a graduating senior in good academic standing.***

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Intended Major: \_\_\_\_\_

*\*this scholarship is intended to benefit a student pursuing a nursing degree*

College/University You Plan to Attend: \_\_\_\_\_

Have you been accepted?  YES  NO

Are you currently in the WPHS Nursing Assisting Program?  YES  NO

### **Attachments:**

-Please have your counselor complete the attached Academic Certification Form, a transcript is not necessary!

-Please attach a 250-word essay that details ***why you are choosing a career in nursing and what this scholarship assistance would mean to you.***

-Please attach a letter of recommendation from one teacher.

**Return completed forms and requested attachments to the  
WPHS Guidance Office by published deadline  
\*the CFOV deadline is February 17; the WPHS deadline may differ\***

**CFOV** | Community Foundation  
for the Ohio Valley

## Academic Certification Form – Read Carefully!

This form replaces the need for a transcript and is to be completed by your counselor or other personnel authorized by the counselor.

**Submit this form to your counselor for completion, be sure the reported information includes the first semester.**

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Current Class Rank: \_\_\_\_\_

Current Cumulative GPA: \_\_\_\_\_

### SAT Scores (single test date)

Date of Test: \_\_\_\_\_

Verbal: \_\_\_\_\_

Math: \_\_\_\_\_

Combined: \_\_\_\_\_

### ACT Scores (single test date)

Date of Test: \_\_\_\_\_

English: \_\_\_\_\_

Math: \_\_\_\_\_

Reading: \_\_\_\_\_

Science: \_\_\_\_\_

Composite: \_\_\_\_\_

Is the applicant currently taking courses within the Nursing Assistant program?  YES  NO

If no, have they previously taken courses within the Nursing Assistant program?  YES  NO

Person completing this form: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_