

WFM-Bower Scholar Applications

Q25 Please note that if you receive funding through this program, you may be asked to complete a W9 form for tax purposes. Your school may also issue you a 1099, which is a form that will document your funds from this program for tax purposes and will be reported with your taxable income in the coming year. The information you enter here will be shared with WFM-Bower scholars personnel in order to process your application. Applications are reviewed on a case-by-case basis and completing the application is not a guarantee of funding.

Check here to acknowledge

Q1 Name

Q2 Email Address

Q3 School

Q4 Student ID Number

Q5 Date of Birth

Q6 Gender

Q7 Marital Status

- Single
- Married or Partnered
- Divorced, Widowed, Separated
- Other _____

Q8 For how many children are you the primary caregiver?

Q12 How many people (adults and children, including yourself) live in your household?

Q28 What is the zip code of your home address?

Q9 What is your program of interest?

- CNA
- LPN
- RN
- Other (please specify) _____

Q10 Do you currently use any of the following programs? Check all that apply

- TANF
- SNAP
- WIC
- Medicaid
- MDHS Child Care Voucher Program
- None of these

Q11 Current Employment Status

- Not employed
- Employed part time
- Employed full time

Q26 Please select any and all racial identities that apply to you

- Black/African American
- Asian
- American Indian/Alaskan Native
- Hawaiian/Pacific Islander
- White/Caucasian
- An identity not listed here (please specify):

Q27 Do you consider yourself:

- Hispanic/Latino
- Not Hispanic/Latino

Q13 What is your annual household income?

- Less than \$10,000
- \$10,000 - \$14,999
- \$15,000 - \$19,999
- \$20,000 - \$24,999
- \$25,000 - \$29,999
- \$30,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 or more

Q22 Please list the amount of funding you are requesting for each of the following categories. Please write 0 for any categories in which you are not requesting funding.

	Amount Requested
Books and Supplies	
NCLEX and Related Costs	
Living Expenses	
Other (Please specify)	

Q23 The following questions are optional. Any additional information you can provide in the following questions will be useful in considering your application.

Q14 What did you like about school/college/training?

Q15 What did you dislike most about school/college/training?

Q16 What was your biggest challenge or difficulty in school/college/training?

Q17 What has motivated you to enroll in ABE or career training classes?

Q18 List 3 educational, training or career goals you would like to achieve.

Q19 What challenges/barriers do you currently face that may interfere with reaching your goals?

Q20 How can this grant program help you overcome those challenges or barriers?



Q21 Explain your ideal educational/training path to help you achieve your career goals.
