

# Nurse Assistant & Direct Care Workers - Non-Credit Program Scholarship Application

The purpose of this scholarship is to provide students with financial support who otherwise could not afford the Nurse Assistant program or the Direct Care Workers program.

Applicant must be accepted to the Nurse Assistant Program or the Direct Care Workers program at MassBay Community College. Completed applications, including required supporting materials, must be submitted electronically to Kerry Batte at [kbatte@massbay.edu](mailto:kbatte@massbay.edu). Awards are made as long as funding is available. The sooner an applicant submits all documents the greater the likelihood of being awarded. Awards are not guaranteed. Students who accept this scholarship are requested to provide access to their MBCC student transcript for follow-up purposes. Your submission of this application (must be typed) is your agreement to allow the Dean of Health Sciences to access your student transcript to verify your academic progress. If you receive a scholarship, within two weeks of the award you are required to submit a donor thank you note to the office of the Dean of Health Sciences at [kbatte@massbay.edu](mailto:kbatte@massbay.edu).

**Questions? Email: [kbatte@massbay.edu](mailto:kbatte@massbay.edu)**

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**Please attach to this application:**

1. Letter of recommendation from a faculty member, or teacher, or employer, or respected member of the community. Letters of recommendations will not be accepted from family members.
  2. A Personal Essay
  3. A copy of your High School Transcript or Certificate of GED Completion or HiSET or most recent College Transcript.
  4. A copy of the most recent W-2 (proof of income) or a copy of the state forms/letters verifying eligibility for subsidies-Section 8, WIC, EBT, SSI. Cross out or cover all social security number information.
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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City, State, & ZIP Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

MassBay Student ID #: \_\_\_\_\_ Semester/year you applying for: \_\_\_\_\_

Have you been accepted to the Nurse Assistant program (check one)?  YES  NO

Have you attended the Orientation Session for the Nurse Assistant Program (check one)?  YES  NO

Have you been accepted to the Direct Care Worker program (check one)?  YES  NO

Have you attended the Orientation Session for the Direct Care Worker program (check one)?  YES  NO

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**Financial Information:**

How are you planning to finance your education? Check as many boxes as applicable below:

Personal Income:

Family Support:

Other (Please explain): \_\_\_\_\_

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**Personal Essay:**

All applicants must attach a typed essay no more than 2 pages double-spaced (approximately 500 words) addressing the following two (2) questions:

*Tell us about yourself and share something that will explain the reason for the need for this scholarship. Also tell us how the scholarship may help you to pursue your future goals.*

*If you receive partial tuition funding from this scholarship will you be able to make up the difference to attend this program?*

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**How did you learn about this MassBay non-credit scholarship** (please check all that apply)?

Web  Financial Aid Office  Email  Bulletin Board

A friend who attended the program  Other: \_\_\_\_\_

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I certify that the information I have provided is accurate and complete.

**Applicant signature:**

**Parent/Guardian signature if applicant is under 18 years of age:**

Please send completed application, essay, and letter of recommendation to [foundation@massbay.edu](mailto:foundation@massbay.edu).

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