Bedford Community Health Foundation Scholarship Application for Governor's Health Academy (including CNA, PN and EMT)

Applications may be completed and submitted on line at www.healthybedford.org, or they can be submitted in printed form at the Foundation office on the second floor of the Bedford Central Library between the hours of 10 AM and 4 PM on Monday through Friday. All information requested is required and all information will be treated confidentially. For questions, call 540-586-5292.

Personal Data (all information is required):

Last Name	First Name	Middle Name Student ID# or Last 4 of SS#
Street Address		
City	State	Zip
Home Phone	Cell Phone	Email Address
School Attending	Program Pursuing	Anticipated Completion Date
Employment History:		
Current or most recent employer		Period of employment
Responsibilities on you	r job	
Education History:		
High School attended		Date of Graduation
Courses taken after Hig	h School	

Reference:		
Name	Phone	
Why do you want to	attend these classes?	
What do you feel will	be your greatest challenge	in attending class and doing well?
What kind of job do	you hope to get after you gr	aduate?
What is your ultimat	e goal?	
	the expenses of attending ye	e from the Bedford Community Health Foundation will our classes. Have you applied or will you be receiving