

# Hildegard Hodges Memorial Grant Application



The Hildegard Hodges Memorial Grant program was developed to assist current and former public and private Licensed or Registered Nurses, Certified Nursing Assistants, and other medical professionals in achieving their goals and earning an electrology license. Please complete this form and return it with a copy of your nursing license to the River Rock Electrology Institute with your Application Form if you wish to be considered for a grant. Recipients are chosen based on previous professional background, potential for success in the field, and their application essay.

**If you would like to attach a single sheet with additional information or longer essay response we will be happy to include that for the selection committee to review.**

Name \_\_\_\_\_

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

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

Telephone ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Note: All private information will be used for identification and verification purposes only

Name last school attended and degree/diploma earned \_\_\_\_\_

Date of graduation \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Levels and Areas of Certification: \_\_\_\_\_

What is your public or private allied health or nursing experience?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and fax number of your local Newspaper: \_\_\_\_\_

How did you hear about the Grant Program? \_\_\_\_\_

How would this Grant help you achieve your goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby apply for the Hildegard Hodges Memorial Grant and affirm that the information contained in this application and accompanying material is accurate and complete to the best of my knowledge.**

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