



Junior Nursing Academy Grant Application

Organization: _____

Address: _____

Contact Person: _____

Phone: _____ Email: _____

Has your organization held previous Jr. Nurse Academies? Yes No

If yes, please provide/attach a program description and outcomes summary (250 words or less).

What is your target population and how many students are you planning to serve?

What is the expected total program cost? (Please provide/attach a budget breaking down expenses and other funding sources including in kind contributions).

What amount are you requesting from the West Virginia Center for Nursing?

Please provide/attach proposed date(s), program agenda and objectives.

Return to:

West Virginia Center for Nursing

1018 Kanawha Boulevard East Suite 700

Charleston, WV 25301

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