



## Nova Training Center Scholarship Application

### Scholarship

- Entrance Scholarship
- Academic Scholarship

### Entrance Scholarship

Frequency	Offered to New Applicants to Nova Training Center
Eligibility	All new students applying for the Therapeutic Massage program
Number of Scholarship Awards	Up to 10 Students per year
Amount of Award	\$500
Required Documents	1) NTC Scholarship Application
Due Date	Scholarship deadline is two weeks prior to the first day of the new, upcoming quarter.
Selection of Award	Scholarship award decisions are determined and granted by the Nova Training Center Academic Director
Conditions	Scholarship winners must be fulfilled Therapeutic Massage Program

### Academic Scholarship

Frequency	Offered by Nova Training Center
Eligibility	Graduation of Medical Related major, Board of Medicine License holder
Number of Scholarship Awards	No limit
Amount of Award	\$2000
Required Documents	1) NTC Scholarship Application 2) License Proof (active/Inactive)
Due Date	Scholarship deadline is two weeks prior to the first day of the new, upcoming quarter.
Selection of Award	Scholarship award decisions are determined and granted by the Nova Training Center Academic Director
Conditions	Scholarship winners must be fulfilled Therapeutic Massage Program. No Payment Plan,

## **Application Procedure**

If you would like an application emailed to you, please contact [info@novatrainingcenter1.com](mailto:info@novatrainingcenter1.com).

**Completed applications should be returned to the Nova Training Center Office.**

**PLEASE NOTE: A Completed Application includes:**

- **Nova Training Center Scholarship Application**
- **Previous School Transcript with GPA**
- **Personal statement about applicant's career aspirations**
- **Personal statement about the impact of the Therapeutic Massage in their life**
- **2 Letters of Recommendation**

## **Application Deadline**

Completed applications including the two letters of recommendation must be postmarked no later than two weeks prior to the first day of the new, upcoming quarter.

**Nova Training Center Student Services Office**

4231 Markham St #224

Annandale, VA 22003

**NOVA TRAINING CENTER SCHOLARSHIP APPLICATION**  
**Student Information**

1. **Name in full** \_\_\_\_\_
2. **Address** (street or box) \_\_\_\_\_  
( city, state, zip code) \_\_\_\_\_
3. **Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_
4. **Email address:** \_\_\_\_\_
5. **College/University you attended:** \_\_\_\_\_  
Address: \_\_\_\_\_
6. **Major** \_\_\_\_\_  
**Minor or area(s) of concentration** \_\_\_\_\_
7. **Are you a citizen of the United States?** \_\_\_\_\_

**\* Attach High School transcript with GPA.**

By signing this application, I give permission to the Nova Training Center to publicize my scholarship award if chosen as the recipient.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOVA TRAINING CENTER SCHOLARSHIP APPLICATION**  
**Student Information**

Provide evidence of your school activity participation, community involvement, achievements, and leadership skills supporting your application:

School Activities \_\_\_\_\_

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Community Activities \_\_\_\_\_

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Significant honors, awards and accomplishments that you have received: \_\_\_\_\_

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Leadership position and offices held: \_\_\_\_\_

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**NOVA TRAINING CENTER SCHOLARSHIP APPLICATION**  
**(Personal statement about applicant's career aspirations)**

**NOVA TRAINING CENTER SCHOLARSHIP APPLICATION**  
**(Personal statement about the impact Therapeutic Massage has had on their life)**

**Letters of Recommendation are due to the Nova Training Center office by due date  
Failure to receive this information by the scholarship deadline disqualifies the applying student.**

**NOVA TRAINING CENTER SCHOLARSHIP APPLICATION  
% NTC Student Services  
4231 Markham St #224  
Annandale, VA 22003  
or info@novatrainingcenter1.com**

**NOVA TRAINING CENTER SCHOLARSHIP APPLICATION LETTER OF RECOMMENDATION**

Name of Applicant \_\_\_\_\_

The person named above is applying for the Nova Training Center Scholarship. A description of the characteristics and abilities of this applicant would provide supplementary information to the Scholarship Committee.

Please briefly explain, how long and in what capacity have you known the applicant?

\_\_\_\_\_

\_\_\_\_\_

**PLEASE INDICATE BELOW, ON A SEPARATE SHEET OF PAPER, OR ON THE REVERSE OF THIS FORM,  
WHY YOU WOULD RECOMMEND THIS PERSON TO BE A DESERVING RECIPIENT OF THE NOVA  
TRAINING CENTER SCHOLARSHIP.**

Signature: \_\_\_\_\_

I can be reached at: phone \_\_\_\_\_ email \_\_\_\_\_

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