

SCHOLARSHIP APPLICATION



PLEASE READ THE SCHOLARSHIP CRITERIA BEFORE FILLING OUT APPLICATION
(CLICK ON THE "SCHOLARSHIP" BUTTON ABOVE TO VIEW CRITERIA).

If Applying for Tuition:

Completely fill out the application, sign and date. Provide a copy of the most recent UNPAID tuition bill and CURRENT unofficial transcript of grades.

If Applying for Continuing Education/certification reimbursement:

Completely fill out the application, sign and date. Provide a copy of the conference flier/certification documentation, proof of payment (alumni does not pay for transportation, parking or meals), certificate with CE's awarded/copy of certification renewal

***Dues must be paid if you are an alumni applying for a scholarship.**

Full Name *(Required)*

Address

City

State

Zip / Postal Code

Phone *(Required)*

Email *(Required)*

Nursing Status *(Required)*

- Student
 Registered Nurse

Employer (if RN selected above)

Nursing School(s)

Graduation Year(s)

Current Student Level (Freshman, 2nd year, etc.)

Cumulative GPA

College Name

College ID

College Phone

College Address

College City

College State

College Zip / Postal Code

If CE'S, Title of Program/Certification

Date

Cost

Related to an alumni member? *(Required)*

- Yes
 No
 Self

Alumni Full Name (include maiden name)

Alumni relation's graduation year?

Unpaid tuition bill, unofficial transcript of grades, conference flier/certification documentation, proof of payment (alumni does not pay for transportation, parking or meals), certificate with CE's awarded/copy of certification renewal

Applicant Name *(Required)*

Today's Date *(Required)*

By signing this form you agree to publish your name.

Signature *(Required)*