

Appendix A

NURSING SCHOLARSHIP APPLICATION

I, _____, understand that I have been nominated for the Nursing Scholarship and I affirm my wish to be considered. I acknowledge and will abide by the conditions and requirements contained herein to merit the awarding of this scholarship.

I affirm that the information contained herein is true and accurate to the best of my knowledge and belief.

Date _____ Signature _____

Legal name in full _____ Sex: M F
(Print/Type) Last Name First Name M.I. (Optional)

Race: _____
(Optional)

Permanent residence _____
Number, Street, and Apartment Number

_____ City State ZIP

Employment Address _____
(If applicable) Institution /Facility Street

_____ City State ZIP

Phone Day: _____ Evening: _____ E-mail: _____

Present position/title: _____
(If applicable)

Name of nominating institution _____

Current cumulative GPA _____ on a scale of _____

Undergraduate major _____

Number of credits earned to date _____ Number for degree _____

I agree to work in the following under served county _____.
(For RN the entire state is considered under served)

