



College of Nursing Scholarship

Scholarship Criteria

- Be admitted into one of the CON programs: BS in Nursing (Accelerated/Traditional), Master's Program, DNP Program, or PhD Program.
- Be at fulltime status:
 - Undergraduates at 12 credit hours or more
 - Graduates (Master's, DNP, PhD) at 9 credit hours or more
- Have a 3.2 GPA or higher: Nursing GPA (continuing students) or Cumulative GPA (entering students)

Application Check List

The completeness of information you supply to the Scholarship Committee is very important in making an informed decision about your application for funding. Please use the checklist below to facilitate the preparation of your application. *Incomplete applications will not be reviewed. **This check list must accompany your application. Place checklist at the top of your Scholarship Application packet.***

- Scholarship Application** completed.
- Scholarship Essay** clearly addressing the 4 specified topics.
- Resume** highlight merits, involvement, research and academic achievements.
- Copy of most recent W2 form** must be submitted for each semester you apply.
- The questions at the end of the application are clearly addressed.** This assists in distinguishing a students' eligibility for "criteria" specific scholarships.
- Copy of final grade report or transcript that reflects your GPA.** Continuing students may access their final grade report in the Campus Information System. Transfer and entering students must submit copy of your most recent transcript.
- Financial Aid Status and Financial Aid Award Letter.** Students can access this through their Campus Information System (CIS).

Return complete application by June 15, 2009 at 5:00 p.m. to

Mail: College of Nursing
10 S. 2000 E. #425
Salt Lake City, UT 84112

Drop Off: School of Medicine
AC218 (A level of UHOSP)

Scanned and emailed or fax copies are no longer accepted.

IMPORTANT NOTICE

If awarded, awards will not be distributed until after the tuition deadline date.
Applicants must make arrangements to pay their tuition each semester.

Application DEADLINE: Must be in our office by June 15, 2009 by 5:00 pm.

I. PERSONAL INFORMATION (Please *PRINT CLEARLY* and answer all questions)

<p>1. Full Legal Name _____ Last _____ First M.I. _____ 2. Social Security Number _____ - _____ - _____ Date of Birth (Month/Day/Year) ____/____/____ U of U Student ID # _____</p> <p>3. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>4. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced # of Dependents _____</p>	<p>5. Tuition Status <input type="checkbox"/> Resident (In-state) <input type="checkbox"/> Non-Resident State of legal Residence: _____ <input type="checkbox"/> International Country of legal Residence: _____</p>
<p>6. Mailing Address _____ _____ _____ 7. Telephone: Primary () _____ 8. Email _____</p>	<p>9. Ethnicity/Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian American <input type="checkbox"/> African American/Black <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> Latino/Latina <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Other: _____</p>
<p>10. Program: <input type="checkbox"/> BS Traditional - Semester in program (circle one): 1, 2, 3 or 4 <input type="checkbox"/> BS Accelerated - Semester in program (circle one): 1, 2, 3 or 4 <input type="checkbox"/> RN-BS - Semester in program (circle one): 1, 2, 3 or 4 <input type="checkbox"/> Masters - Program: _____ <input type="checkbox"/> BS – DNP - Program: _____ <input type="checkbox"/> MS – DNP - Program: _____ <input type="checkbox"/> BS – PhD <input type="checkbox"/> MS - PhD</p>	
<p>11. Number of credit hours registered for Fall 2009? _____ And Spring 2010 _____? 12. Expected Graduation Date: 20____ <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall 13. GPA Current Nursing Students - Nursing GPA: _____ or New or Transfer students - Cumulative GPA: _____</p> <p>Please submit a copy of one of the following to verify academic GPA. Current U of U students may submit a DARS or most recent Grade Report. Transfer or New students may submit most recent Transcripts.</p>	

II. EMPLOYMENT INFORMATION (please print clearly and answer all questions)
**This information should pertain to the semester you are requesting support.*

1. Employer: _____

Do you receive any tuition benefits from your employer? YES NO

Type: 50% off Tuition, Tuition Reimbursement or Other: _____

Will you be a TA, RA or GA for the upcoming semester? YES NO

2. Spouse's Employer: _____

Student: YES NO Full-time or Part-time Institution: _____

Do you receive any tuition benefits through your spouse's employer? YES NO

Type: 50% off Tuition Tuition Reimbursement Other: _____

III. Semester Academic Resources (please print clearly and answer all questions)
**This information should pertain to the semester you are requesting support*

1. Financial Aid **Loans** \$ _____

- Stafford Perkins
 Nursing Other

If other, specify: _____

2. Financial Aid **Grants** \$ _____

- PELL SEOG
 Other

If other, specify: _____

2. Financial Aid **Awards** \$ _____

- Scholarship Fellowship
 RA/TA/GA Stipends Other

If other, specify: _____

TOTAL RESOURCES \$ _____

IV. Scholarship Essay

Please type a 1 to 2 page essay addressing the following topics (please be specific):

- A. Professional/Research Interests, Educational and/or Career Goals
- B. Academic Achievements/Merit (please refer only to post high school achievements-deans list, undergraduate research, RA/TA opportunities, ability to maintain good grades despite work hours, etc.)
- C. Leadership and Service Experience along with Achievements (please refer only to **post high school** experiences) Students are encouraged to focus on current and recent experiences (past 6 to 8 months)
- D. Benefit. Explain how a scholarship will help meet educational goals. Include financial and other hardships that can be helped by receiving a scholarship.

****Failure to address all 4 areas may result in a loss of points on your scholarship application****

V. Resume/Vitae

Please include your most recent resume highlighting academic merit, research, and involvement.

<u>Additional Information</u>		
Did you graduate from a rural high school:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, which High School: _____		
Are you a <i>First Generation</i> college student?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you from the <i>Uintah Basin</i> ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you from <i>Sevier County</i> or surrounding area?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you a <i>Veteran</i> or the child of a <i>Disabled Veteran</i> ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you plan on working in <i>Oncology</i> ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you plan on working with the <i>Disabled</i> community?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you plan on working with the <i>Geriatric</i> population?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you the <i>Teaching Nursing</i> program or plan on teaching nursing? (Includes: Fellows and/or PhD level students)	<input type="checkbox"/> No	<input type="checkbox"/> Yes

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All the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form.

Applicant's Signature

Date