SALISBURY UNIVERSITY DEPARTMENT OF NURSING

Scholarship Application Form

APPLICATION FOR: _____ Scholarship/Award

NAME: _____
Last First MI

ID #: _____

ADDRESS: PERMANENT _____
_____

LOCAL _____
_____

PHONE NUMBER: _____ (Local)
_____ (Permanent)

CURRENT EMAIL: _____

STUDENT CLASSIFICATION: **_____Freshman** **_____ Graduate** **_____ Full-Time**
(as of current Spring semester) **_____Sophomore** **_____ Part-Time**
_____Junior
_____Senior

CURRENT COURSES IN WHICH ENROLLED:

_____

HIGH SCHOOL ATTENDED & GPA:

_____

CURRENT CUMULATIVE COLLEGE GPA (where applicable): _____

STUDENT TYPE: **_____1st Degree (Traditional) Undergraduate Student** **_____ RN Student**
_____2nd Degree (Accelerated) Undergraduate Student **_____Graduate Student**

PLACE OF EMPLOYMENT:_____

Are you a member of Sigma Theta Tau International Nursing Honor Society?

YES_____ NO_____ (If YES, What Chapter? _____)

Have you submitted an application for financial assistance to the Office of Admissions/Financial Aid?

YES_____ NO_____

****Attach any necessary letters of application, letters of recommendation, statements of financial need and self-evaluation/essays as appropriate.**

NOTE: A SEPARATE application form, along with Self Evaluation/Essay, Recommendations, where applicable, are required for *EACH* scholarship.

Revised January, 2009
SCHOLApplication