SALISBURY UNIVERSITY DEPARTMENT OF NURSING

Scholarship Application Form

APPLICATION FOR: _______________________________________________________________ Scholarship/Award

NAME: _______________________________________________________________________

Last  First  MI

ID #: ________________________________________________________________

PERMANENT ADDRESS: _______________________________________________________________________

LOCAL ADDRESS: _______________________________________________________________________

PHONE NUMBER: ______________________________________ (Local/Cell)

CURRENT EMAIL: _______________________________________________________________________

STUDENT CLASSIFICATION: 1st degree student ____ Freshman ____ Current 2nd degree student ____ Sophomore ____ RN seeking BS ____ Junior ____ Senior ____ Graduate nursing student ____ High School senior/incoming freshman

STUDENT STATUS: ______ Full-time   ____ Part-time

HIGH SCHOOL ATTENDED & GPA (incoming freshmen applicants only):

______________________________________________________________________________________

CURRENT COURSES IN WHICH CURRENTLY ENROLLED (Spring semester):

______________________________________________________________________________________

CURRENT CUMULATIVE COLLEGE GPA: _________________________________________________

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 March, 2012

SCHOLApplication