

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: (as of current Spring semester) 1st degree student Current 2nd degree student
 Freshman RN seeking BS
 Sophomore Graduate nursing student
 Junior High School senior/incoming freshman
 Senior

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.