

**NURSING SCHOLARSHIP APPLICATION**

***Mr. Tom Smith Scholarship***

**Criteria that must be met to qualify:**

* **Nursing Student**
* **Intention to practice nursing in a rural community**
* **Financial Need**

**Date of Application: \_\_\_/\_\_\_/\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last 4 digits of Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CU Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CU ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**High School Graduate of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_ (name of HS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (county)**

**\_\_\_\_\_\_\_\_ (state) \_\_\_\_\_\_\_­\_ (year)**

**Please list your current overall GPA: \_\_\_\_\_\_\_\_\_\_ (this can be found on TigerNet under unofficial transcript)**

**Which semester of the Nursing Program will you be entering? 1st 2nd 3rd 4th**

**Please discuss your previous and current involvement in church and community service along with volunteer activities on and off the university campus: (Attach on additional sheet).**

* **Students will be notified by the Office of Financial Aid & Scholarship if they are the recipient of a scholarship award**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_**