

WSU COLLEGE OF NURSING (CON) SCHOLARSHIP APPLICATION

<p>IMPORTANT DEADLINES: Fall Scholarship Awards-First Friday in March Spring Scholarship Awards-First Friday in October</p> <p>RETURN COMPLETED APPLICATION TO: WSU Spokane College of Nursing Academic Affairs, Rm 130 PO Box 1495 Spokane, WA 99210-1495</p>	<p>CHECKLIST-HAVE YOU ATTACHED?</p> <p><input type="checkbox"/> Application Form <input type="checkbox"/> Student Profile Questionnaire <input type="checkbox"/> SAR (Student Aid Report) <input type="checkbox"/> Letter of Recommendation <input type="checkbox"/> WSU Financial Aid Award Letter</p>
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PLEASE TYPE

Name:		
Last	First	Middle
Current Address:		
<small>(if different from above)</small>		
Permanent Address:		
WSU ID#	Phone Number: ()	E-mail:
<small>By supplying your e-mail address, you are authorizing correspondence with you via e-mail, which may be a less secure form of communication</small>		
Start date CON: month	year	
Expected CON graduation date: month	year	

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

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| <p>1. What is your current enrollment status at CON?
 <input type="checkbox"/> Accepted <input type="checkbox"/> Part-time
 <input type="checkbox"/> Full-time</p> <p>2. Which institution will you graduate from?
 <input type="checkbox"/> EWU <input type="checkbox"/> WSU <input type="checkbox"/> Whitworth</p> <p>3. Where do you attend class?
 <input type="checkbox"/> Spokane <input type="checkbox"/> Yakima <input type="checkbox"/> Vancouver
 <input type="checkbox"/> Tri-Cities <input type="checkbox"/> Walla Walla <input type="checkbox"/> DDP</p> <p>4. Information required for undergraduates:
 <input type="checkbox"/> Basic BSN <input type="checkbox"/> RN to BSN</p> <p>Is this your first four-year degree?
 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Information required for graduate students:
 As of today, have you completed 1/2 of the program? <input type="checkbox"/> Yes <input type="checkbox"/> No
 <input type="checkbox"/> MN <input type="checkbox"/> PhD</p> <p>Major course of study:
 _____</p> <p>6. Citizen information:
 <input type="checkbox"/> Native born United States citizen
 <input type="checkbox"/> Non-Native born United States citizen
 <input type="checkbox"/> Permanent resident
 <input type="checkbox"/> Other</p> <p>7. Are you a Washington State resident?
 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>8. Where did you graduate from high school?
 City: _____ County: _____
 State: ____ Country: _____</p> <p>9. Are you an American Indian or Alaskan Native?
 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ATTACH A COPY OF YOUR TRIBAL ENROLLMENT CARD OR BIA CERTIFICATE OF DEGREE OF INDIAN BLOOD.</p> <p>Tribal ancestry language classification:
 <input type="checkbox"/> Sahaptian
 <input type="checkbox"/> Plateau Salishan
 <input type="checkbox"/> Kootenai
 <input type="checkbox"/> Other _____</p> <p>10. Ethnicity (optional): _____</p> <p>11. Check if you have participated in any of the following:
 <input type="checkbox"/> Health Careers Opportunities Program (HCOP)
 <input type="checkbox"/> Nursing Workforce Diversity Program (NWD)
 <input type="checkbox"/> Nursing Educational Opportunities Program (NEOP)</p> <p>12. Are you delinquent in paying any Federal debt or loan?
 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Do you plan to work in an underserved area or with an underserved population when you graduate?
 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|---|

Student Profile Questionnaire

Please type your responses to these questions. Answers must fit in the box. Do not use “see attached,” attachments will be unaccepted. Your responses will be limited to approximately 240 words.

1. Are there special circumstances, challenges or hurdles that inhibited or prevented you from obtaining the knowledge, skills and abilities required to enroll in and complete your nursing degree?

2. Because of my background or my educational environment, it was difficult for me to reach & demonstrate my academic potential.

Please check the following as it applies to you:

- a) I attended a high school where students typically achieve low SAT scores.
- b) I attended a high school where a low percentage of students graduate.
- c) I attended a high school where graduates usually don't go to college the first year after graduation.
- d) I attended a high school where many enrolled students were eligible for free or reduced price lunches.
- e) I came from a family that received public assistance.
- f) I came from a family that lived in a health professional shortage area.

3. Who has been the most influential person in your life, and why?

4. What do you hope to be doing after you graduate from the College of Nursing? Write a personal mission statement describing your career goals at this time:

5. What contributions have you made or hope to make to the College of Nursing community? Also, please list your community involvement and/or leadership activities.

Signature: _____ Date: _____

**If you are a J1 student, please include a reference letter from your faculty advisor or a previous professor.

**If you are a continuing student, please include a reference letter from a faculty advisor or faculty member.

Financial Information

All scholarship applicants are required to apply for financial aid. Many of our scholarships, while not need based, require us to have financial information before making an award so please complete a FAFSA even if you don't think you meet financial need criteria. Please supply a photocopy of your most recent SAR (student aid report) and WSU Financial Aid Award Letter. You may annotate this copy to indicate loans that you did not accept or scholarships, grants and awards that were added or changed. Only the College of Nursing Selection Committee will view the FAFSA information, after the selection process is completed FAFSA information will be destroyed.

Application Certification

I certify that all information given on the application is true and accurate at the time this application is filed. I grant permission to officials at the College of Nursing to obtain all other information necessary for the determination of my eligibility for scholarships. I also grant permission to officials at the College of Nursing to release information to appropriate parties (e.g., donors, the news media, University communication offices, WSU Foundation). *

Applicant's signature

Date

* Please initial here if you do NOT want your information released to the parties above. _____

Letter of recommendation

Student Name: _____ Date: _____

The above student has applied for a scholarship at the WSU College of Nursing and has listed you as a reference. Please tell us in what capacity, how well, and for how long you have known this student, how you assess the student's commitment to nursing, his/her scholarly capabilities, and financial need.

We would also appreciate your evaluation of the student's suitability for nursing, his/her sensitivity to human needs, and your assessment of his/her potential to be a successful nurse. Please return this completed form to the student in a sealed envelope or mail to address below. Thank you.

WSU Spokane
College of Nursing
Academic Affairs, Rm 130
PO Box 1495
Spokane, WA 99210-1495