

Date: _____



RN to BSN Student Scholarship Application

By submitting this application, you are allowing the members of the scholarship committees at MU Sinclair School of Nursing to review this information as application for **all** scholarship dollars available for which you match the required criteria. Scholarships are given to the student(s) who best meet the criteria as provided by the financial donor(s) of those funds. Please note that there are many different criteria that must be met for awarding different scholarships. Not all scholarships are awarded based on financial need alone, but also take into consideration what county you come from, where you live, where you work, GPA, etc. **Please fill-in all blanks on this form to increase your funding chances. This application is due to the Student Affairs Office (S235) by October 3, 2008.**

OFFICE USE ONLY
(Do not write in this section.)

Name of scholarship awarded: _____

Amount of scholarship awarded: _____ Scholarship MoCode: _____

Scholarship awarded for semester(s): _____ Fall _____ Spring _____ Summer

Scholarship approved by: _____

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PLEASE PRINT

Name: _____
(Last) (First) (Middle Initial) (Maiden Name)

Anticipated Year of Graduation: _____ *Are you a "part time" student in this program? ___ no ___ yes

If yes, how many hours less than the full time schedule are you taking? _____ Has this been approved by your advisor? _____

**Some scholarships are provided to full time students only. This program has different standards of what qualifies as full-time.*

Semester(s) for which funding is sought: _____ Summer _____ Fall _____ Spring

MU Student Identification number: _____ Sex: M _____ F _____ Best Composite ACT Score: _____

Local Phone Numbers: _____
(Home) (Cell)

Local Address: _____
(Street)

(City) (State and Zip Code)

Permanent Address: _____
(Street)

(City) (State and Zip Code)

Permanent County (Boone, etc.): _____ Do you come from a single parent household? ___ Yes ___ No

Parent or Spouse Name: _____
(Last) (First)

High School Name: _____

H.S. Address: _____
(Street)

(City) (State and Zip Code)

Nursing courses I am currently enrolled in: _____

GPA (if known): Cumulative _____ Nursing _____

Other degree or educational programs/courses completed: (List name of degree or program/course, and year):

Has either of your parents attended college? Yes _____ No _____
If so, how long did they attend? _____ Degrees earned? _____

Are you or any member(s) of your family a member of the DAR? No _____ Yes _____
If yes, please name relation: _____

Are you a *True Tiger* (student affiliate of the MU Alumni Association) member? No _____ Yes _____

Are you currently employed? No ___ Yes ___ Part time ___ Full time ___ Where? _____

One scholarship requests that recipients work in Missouri for one year following graduation. Do you wish to be considered for this scholarship? No _____ Yes _____

✓ **ATTACH AN UNOFFICIAL COPY OF YOUR CURRENT TRANSCRIPT**
This can be found on your MU Star MU account.

✓ **FAFSA (Financial Need Documentation)**
Is your FAFSA on file? Yes _____ No _____
To be considered for some scholarships you must have your *Free Application for Federal Student Aid (FAFSA)* on file with the university: <https://sfa.missouri.edu/fafsa.php>

✓ **PERSONAL STATEMENT**
On a separate sheet describe your academic and career goals and any other information regarding yourself that you think would be helpful in making a selection for a scholarship. If relevant, include any economic needs or social disadvantage you may have. (Typed and orderly.)

✓ **LETTER(S) OF RECOMMENDATION (Optional, but encouraged)**

By submission of this application, I hereby consent to the release of my name on University rolls and publications as a scholarship recipient. I understand that no specific information regarding my financial status will be released. Furthermore, I agree to allow the MU Sinclair School of Nursing to notify the scholarship donors of my name as a recipient of their scholarship. I also understand that I will have to write a thank-you note to those donors and provide a copy of that note to the Development Office at the school of nursing in order to have those funds released to my account.

Signature Date

*Application is due **October 3, 2008**. – Please return to S235/SON Student Affairs Office*