

WASHBURN UNIVERSITY Date Rec'd: _____
SCHOOL OF NURSING
APPLICATION FOR PRE-NURSING SCHOLARSHIP
Deadline: February 15th

Name _____ Date _____

Street Address _____ City _____ State/Zip _____

Telephone Number _____ SSN _____

E-mail address _____

New Freshman, Transfer Students:

I have filed the WU application for Admission, Scholarship, and Housing for degree seeking students (1st time scholarship applicants).

_____ yes _____ no

(This Form acts as your application for admission and academic scholarship)

High School Name _____ Date of Graduation _____

Scholarship renewal only:

I have filed the Washburn University Academic Scholarship Renewal Application

_____ yes _____ no

(This form must be on file in Financial Aid office to be considered for renewal of Nursing Scholarship)

County of permanent residence _____

I am currently receiving the following scholarships which will apply towards my study at Washburn:

_____ General University Academic Scholarship: \$ _____

_____ Nursing Scholarship: \$ _____

_____ Garvey Competitive Scholarship: \$ _____

_____ Other Scholarships: \$ _____

Who/what influenced your choice of professional nursing as a career?

What is your reason for desiring to enter Washburn University School of Nursing?

Please return completed form by the appropriate deadline date to:

Washburn University School of Nursing
1700 College
Topeka, KS 66621

Please describe your nursing goals following graduation. Please provide specific career interests:

Please return to the School of Nursing by the deadline dates listed on the front page of this form. If you have any questions, please contact Dean Scheibmeir at 785-670-1525.