

WASHBURN UNIVERSITY
SCHOOL OF NURSING
Master of Science in Nursing Degree

Application for Nursing Endowed Scholarship

Application Deadline: January 1st-February 15th

Name: _____ Date: _____

Street Address: _____

City: _____ State/Zip: _____

Telephone: _____

SS#: _____

E-Mail: _____

- Full-Time Student
 Part-Time Student

- Check program of study: Clinical Nurse Leader
 Adult Nurse Practitioner
 Family Nurse Practitioner

List current enrollment of courses: _____

I have filed the Washburn University financial Aid Application with the Financial Aid Office
(required to qualify for any Nursing Scholarships): Yes
 No

Name of High School graduated from: _____

County of permanent residence: _____

(over→)

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