



For Official Use Only:
Fund Number: _____
Fund Name: _____
Amount: _____

Date Received: _____

Undergraduate Scholarship Application
Application Deadlines:
Academic Year (fall and spring scholarship):
January 1 – February 15
Spring Semester only (awarded ONLY to new School of Nursing SPRING admits):
September 1 – October 15
Criteria: GPA of 3.25 or above, and admission to School of Nursing

RENEWAL: ____ Yes (Deadline: Feb. 15)

Today's Date: _____

Name _____

Street Address: _____ City _____ State _____ ZIP _____

E-mail: _____ Cell #: _____

WU ID# _____ (required)

Cumulative GPA: _____ Total Hours Completed: _____

Current Enrollment: ____ Pre-Nursing ____ Level I ____ Level II ____ Level III ____ Level IV

Employment: ____ UKHS-St. Francis ____ Stormont-Vail ____ Other _____

School of High School graduation: _____

County of permanent residence: _____

I am currently receiving the following sources and amounts of financial aid:

- General University Academic Scholarship
University Scholarships
Nursing Scholarship
Other Scholarships – list names: _____

(over)

Scholarship Application

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Please describe your nursing goals following graduation. Please provide specific career interests and/or prior health care experience:

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 the School of Nursing at 670-1525.