

Eastern Illinois University
Nursing Program
Scholarship Application

For Scholarship Committee Use Only			
Academic Achievement	H	M	L
Financial Need	H	M	L
Scholarship Received	_____		
Semester:	_____		
Comments:	_____		

Directions: Please complete all questions on the application form. Each question is pertinent to a specific scholarship or is necessary for granting the scholarship. Incomplete applications will result in ineligibility for scholarships.

GENERAL INFORMATION

Date: _____ Anticipated graduation date: _____ mo/yr.

Legal Name: _____ Age: _____ Gender: M F

Marital Status: Never Married Now Married Separated Divorced
 Widowed

Number of Children: _____

Maiden/Former Name (if applicable): _____

Student Identification Number or SSN: _____

Address: _____
Street City County State Zip

Telephone #: _____ High School Graduated From: _____
school county state

What is your home town? _____

Number of completed hours in EIU RN to BS in Nursing Program _____

Status: Junior-first semester Junior- second semester Senior – first semester
 Senior – second semester

EIU GPA: _____ High School GPA: _____ Transfer GPA: _____

Actual number of credit hours anticipated during the next academic year (Full time undergraduate is 12 or more credit hours per semester) _____

Please list any membership or leadership experiences/ activity in professional organizations, student organizations, community and / or health related service (include offices held and type of involvement)

Have you had a failure or withdrawal from a nursing course at EIU? YES NO

CAREER GOALS

Please attach a one-page essay about your career goals.

FINANCIAL AID INFORMATION

1. Please list any financial aid that you have received or are currently receiving.

2. Are you employed? YES NO If yes, list employer and number of hours per week _____

3. Are you eligible for tuition reimbursement? YES NO

SCHOLARSHIP INFORMATION

State why you believe you should receive a scholarship for the forthcoming academic year? (Include any circumstances which demonstrate a need for a scholarship / financial assistance) (Attach additional page if necessary.)

I give my permission to the Nursing Program to release information on this application for the purpose of consideration to receive financial assistance.

Applicant's Signature _____

Date _____

I hereby agree to permit the Nursing Program and University Communications at Eastern Illinois University to release to newspapers and other news media and post on university web pages personal information (including photos and city of residence) about me and any scholarships which I may be awarded.

Applicant's Signature _____

Date _____

I certify that all of the information provided in this application is accurate.

Applicant's Signature _____

Date _____

I recognize that scholarships are awarded based on information in the application. The awards are contingent on maintaining the requirements of the scholarship. I understand that students are responsible for notifying the Director of the Nursing Program if there are any changes in the information contained in this application.

Applicant's Signature _____

Date _____

**Return to: Nursing Program
 Eastern Illinois University
 600 Lincoln Ave.
 Charleston, IL 61920**