

Eastern Illinois University

Nursing Program

Scholarship Application

Directions: Please complete all questions and signature lines 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 awards. Once completed, fax to Georgia Ryan at (217) 581-7050 or email as an attachment to nursing@eiu.edu

For Scholarship Committee Use Only

Academic Achievement H M L

Financial need H M L

Scholarship Received _____

Semester _____

Comments: _____

General Information

Date: _____ Anticipated graduation date: _____ mo/yr

Legal Name: _____ Age: _____ Gender: M F

Marital Status (circle): Never married Married Separated Divorced Widowed

Number of children: _____

Maiden/former name (if applicable): _____

E number: _____

Address: _____

Street

City

County

State

ZIP

Telephone: _____

High school graduated from: _____

What is your home town: _____

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

Status (circle): Junior-first semester Junior-second semester Senior-first semester

Senior-second semester

EIU GPA: _____ High school GPS: _____ 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 memberships or leadership experiences/activities 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

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

Are you employed? Yes___No ___If yes, list employer and number of hours per week

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: RN to BS in Nursing Program
2230 McAfee
600 Lincoln Ave.
Charleston, IL 61920