



NURSING SCHOLARSHIP APPLICATION

Givan Scholarship

Criteria that must be met to qualify:

- **Nursing Student**

Date of Application: ___/___/___

Name: _____

Address: _____ **City, State** _____

Last 4 digits of Social Security #: _____

Telephone: _____

CU Email Address _____

CU ID # _____

Please list your current overall GPA: _____ (this can be found on TigerNet under unofficial transcript)

Which semester of the Nursing Program will you be entering? 1st 2nd 3rd 4th

Please discuss your previous and current involvement in church and community service along with volunteer activities on and off the university campus: (Attach on additional sheet).

- **Students will be notified by the Office of Financial Aid & Scholarship if they are the recipient of a scholarship award**

Signature _____ **Date** ___/___/___