



**NURSING SCHOLARSHIP APPLICATION**

**Mr. Tom Smith Scholarship**

**Criteria that must be met to qualify:**

- Nursing Student
- Intention to practice nursing in a rural community
- Financial Need

Date of Application: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State \_\_\_\_\_

Last 4 digits of Social Security #: \_\_\_\_\_ Telephone: \_\_\_\_\_

CU Email Address \_\_\_\_\_

CU ID # \_\_\_\_\_

High School Graduate of: \_\_\_\_\_ (name of HS) \_\_\_\_\_ (county)

\_\_\_\_\_ (state) \_\_\_\_\_ (year)

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? 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup>

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 \_\_\_/\_\_\_/\_\_\_