



Scholarship Application

Please complete the application in its entirety.
 Incomplete applications will not be considered for scholarship awards.
 The deadline for this application to be received is **April 15th, 5:00 pm**

Please type or print your answers. If the application is illegible it will be returned to you.

1.	Last Name:	First Name:			
2.	Date of Birth: / /	3. University ID #:			
4.	Current Address: Street: _____ City: _____ State: _____ Zip: _____				
5.	Permanent Address: Street: _____ City: _____ State: _____ Zip: _____				
6.	School Email:	7. Personal Email:			
8.	Primary Phone:	9. Secondary Phone:			
10.	University: <input type="checkbox"/> HSU <input type="checkbox"/> MCM	11.	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____ <input type="checkbox"/> Decline to Answer	12.	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other: _____ <input type="checkbox"/> Decline to Answer
13.	Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/ Pacific Islander <input type="checkbox"/> Caucasian Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/> Decline to Answer	14.	Program: <input type="checkbox"/> BSN <input type="checkbox"/> MSN* *A completed FASFA must be on file with the financial aid office of the parent university for MSN students	15.	Previous Education: <input type="checkbox"/> CNA <input type="checkbox"/> LVN/LPN <input type="checkbox"/> ADN <input type="checkbox"/> BSN
16.	Cumulative GPA:	17.	Will this be a second degree for you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
18.	High School Attended: Name: _____ City: _____ State: _____	19.	Are you a first-generation college student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
20.	How many hours per week do you currently work outside the home while attending school? <input type="checkbox"/> _____ hrs./wk.	21.	Do you plan to live and practice nursing in West Texas upon Graduation? <input type="checkbox"/> Yes <input type="checkbox"/> No		



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The below information must be obtained from your FINANCIAL AID DEPARTMENT:

You are responsible for obtaining the following information from the financial aid office at your parent university. This information and signature must be completed, or your application will not be accepted.

1.	Will a scholarship have a negative impact on other financial aid for the current academic years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2.	Amount of unmet tuition need for the current academic year: \$	3.	Total debt to date: \$
4.	Signature of Financial Aid Officer:	5.	Date:
6.	Signature of Student:	7.	Date:

*****On the next page, please submit with this application a double-spaced essay describing the need for the scholarship based on the scholarship criteria. Each application will be reviewed with complete confidentiality. *****



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SCHOLARSHIP APPLICATION ESSAY

A single essay must be submitted on a separate sheet of paper. Please note that select scholarships based on the description may require additional information not covered in your general essay, resulting in supplemental essays.

NOTE: Submission of a scholarship application does not guarantee receipt of a scholarship.

Name: _____ Date: _____

Name of the Scholarship: _____