



Scholarship Application

Name: _____ Today's Date: _____ Date of Birth: _____

Current Email: _____

Current Address: _____

Permanent Address: _____

University ID #: _____ Primary Phone: _____ Secondary Phone: _____

University:

- HSU
McM

Gender:

- Male
Female
Prefer Not to Answer

Marital Status:

- Single
Married
Divorced

Previous Education:

- CNA
LVN
LVP

Ethnicity:

- African American
Hispanic
American Indian
Asian/Pacific Islander
Caucasian- Non-Hispanic
Other

Cumulative GPA: _____ Will this be a second degree for you? Yes No

High School Attended: _____

Are you a first-generation college student? Yes No

How many hours per week do you currently work outside the home while in school? _____ hrs/wk

Do you plan to live and practice nursing in West Texas upon graduation? Yes No

**On a separate sheet of paper, please submit with this application a double-spaced essay of why you should be considered for a PHSSN Scholarship. You can include academic achievements, financial need, or anything you'd like us to know about yourself. Each application will be reviewed with complete confidentiality. **

APPLICATION AND ESSAY ARE DUE APRIL 15th, 2024
Please submit to either Mrs. McMillan or Mrs. Seca.

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

You are responsible for obtaining the following information from your parent university Financial Aid Office. This information and signature must be completed, or your application will not be accepted.

2149 Hickory Street, Abilene, Texas 79601
325.793.6720
www.phssn.edu



Will a scholarship have a negative impact on other financial aid for the academic year? _____

Amount of unmet tuition need for 2024-2025 academic year: \$ _____ Total debt to date: \$ _____

Further comments (optional):

Signature of Financial Aid Officer: _____ Date: _____

Student Signature: _____ Date: _____