

Deadline: Mar. 13, 2015

NDSU College of Pharmacy, Nursing, and Allied Sciences

2015-2016 Nursing Scholarship Application

PART I STUDENT INFORMATION

Last Name	First Name	M.I.	Name Pronunciation	
Permanent Street Address		City	State	Zip
Home / Cell Phone				
<input type="checkbox"/> Male <input type="checkbox"/> Female Student ID # _____				
Hometown		NDSU E-mail		
Anticipated graduation date: <input type="checkbox"/> 2016 <input type="checkbox"/> 2017 <input type="checkbox"/> 2018		LPN-BSN Student: Yes No		

PART II DEMOGRAPHICS

Are you a North Dakota resident? ☐ Yes ☐ No Are you a Minnesota resident? ☐ Yes ☐ No

Have you applied for Financial Aid? ☐ Yes ☐ No Are you from a rural setting? ☐ Yes ☐ No

Are you a first generation student? ☐ Yes ☐ No Are you a Veteran of the US Military? Yes No

Are you currently a member or plan on becoming a member of the Army? ☐ Yes ☐ No

Are any members of your family currently or previously been a member of the Army? ☐ Yes ☐ No

Do you plan to work within 125 miles of the Fargo-Moorhead area upon graduation? ☐ Yes ☐ No

Are you currently married? ☐ Yes ☐ No Do you have any children? ☐ Yes ☐ No

PART III PROFESSIONAL ACTIVITIES

Please describe your involvement (office, committees, activities, etc.) for all organizations to which you are **CURRENTLY** a member.

☐ SNA _____

☐ Xi Kappa at Large _____

☐ College Ambassador _____

PART IV OTHER CAMPUS AND/OR COMMUNITY ACTIVITIES

Please describe other campus and/or community activities that you are **CURRENTLY** involved in both on-campus and off-campus. List any offices held, or projects you worked on.

Organization	Describe your involvement:
_____	_____
_____	_____
_____	_____
_____	_____

PART V EMPLOYMENT

☐ Currently Employed

Name of Business

Hours per week

Name of Business

Hours per week

☐ Previously Employed

Name of Business

Hours per week

Name of Business

Hours per week

PART VI CAREER GOALS

Please rank both the area of nursing (left column) and the area of practice (right column) from HIGHEST (1) to LOWEST (5) in terms of your career goals.

Area of Nursing

_____ Medical/Surgical Nursing

_____ Psychiatric Nursing

_____ Obstetric Nursing

_____ Pediatric Nursing

_____ Public/Community Health Nursing

Area of Practice

_____ Hospital or Health System

_____ Long-term Care/Skilled Nursing Facilities

_____ Community Practice

_____ Rural Practice

_____ Urban (city) Practice

PART VII STATEMENT OF NEED (REQUIRED)

Some awards are based, in part, on the financial need of the applicant. If you would like to be considered for such an award, please provide a statement of need below.

PART VIII RESPONSIBILITY OF THE SCHOLARSHIP RECIPIENT

By checking the box below certifies that in the event I am chosen by the College Scholarship Committee to receive a scholarship award from the College of Pharmacy, Nursing, and Allied Sciences, I understand and accept responsibility as an award recipient to complete the following tasks:

- **Attend the scholarship information meeting prior to the Scholarship Recognition Program and complete Scholarship Blackboard site.**
- **Attend the College of Pharmacy, Nursing, and Allied Sciences Scholarship Recognition Awards Ceremony.**
- **Send a thank you letter to the donor and provide a copy of the letter to the College**

I understand that unless I fulfill these requirements, the scholarship offered by the College will be considered null and void.

By checking the box below also certifies that I have maintained good academic standing and upheld the student conduct policy. I also understand if I am currently in violation of the College conduct policy or under investigation, I am not eligible for scholarships. I give my permission to the Scholarship Committee to confirm all information on this application.

I understand the above terms of the scholarship process.

Scholarship Application Deadline: March 13, 2015
If you have questions, please call 701-231-7751 or 701-231-6461

Scholarships will be announced mid-August via e-mail.