

# 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"/> Dec 13 <input type="checkbox"/> May 14 <input type="checkbox"/> Dec 14 <input type="checkbox"/> May 15			

### 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 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.

<u>Area of Nursing</u>	<u>Area of Practice</u>
_____ Medical/Surgical Nursing	_____ Hospital or Health System
_____ Psychiatric Nursing	_____ Long-term Care/Skilled Nursing Facilities
_____ Obstetric Nursing	_____ Community Practice
_____ Pediatric Nursing	_____ Rural Practice
_____ Public/Community Health Nursing	_____ 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 8, 2013**  
**If you have questions, please call 701-231-7751 or 701-231-6461**

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