



## Scholarship Application

**Applicants must meet all eligibility requirements and submit all required documents for scholarship consideration.**

**Ineligible applicants and/or incomplete applications will not be considered.**

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

Scholarship Type: \_\_\_\_\_ Nursing \_\_\_\_\_ Radiography \_\_\_\_\_ Health Sciences  
\_\_\_\_\_ Nursing/Radiography/Health Sciences

Scholarship Semester: \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring

Academic Program: \_\_\_\_\_ Nursing \_\_\_\_\_ Radiography \_\_\_\_\_ Dual Major \_\_\_\_\_ Health Sciences

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Township: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Email address: \_\_\_\_\_

Current Student: \_\_\_\_\_ Accepted Student: \_\_\_\_\_ Entrance Date \_\_\_\_\_

COMPLETED Credit Hours \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

High School Accumulative GPA \_\_\_\_\_ Transfer College GPA \_\_\_\_\_

Current GPA \_\_\_\_\_ ACT/SAT Score (if applicable) \_\_\_\_\_

**Demonstrate/Describe Financial Need or Exceptional Circumstances and submit a one page essay for each scholarship application explaining your community service, financial need, life circumstances and how receiving this scholarship will assist you in achieving your educational and life goals.**

**Please include a one paragraph biography with your scholarship essay.**

*By applying for this scholarship you are giving permission for a press release and photo, if applicable, to be used on the college website, publications, newsletters, etc.*