

Purdue University North Central Nursing Scholarship Application Form

Application Deadline: March 15th

Please submit only one application. Criteria are in the Student Manual for your reference. Please submit information as it applies to the upcoming FALL semester. Include letter, transcripts, and recommendations as indicated in the requirements section.

Please check one: Associate Degree Student
 Baccalaureate Degree Student (Traditional BS)
 Baccalaureate Degree Student (BS Completion)

Please check which (or both) for which you wish to be considered:

- Scholarships (The committee will determine your eligibility for individual scholarships)
 Founder's Award for Excellence in Nursing (See eligibility/requirements in Nursing Student Manual)

Name: _____

Street Address: _____

City, State, Zip: _____

County: _____ **Phone:** _____ **PUID#:** _____

Name of graduating High School and location (YOU MUST FILL IN REGARDLESS OF HOW LONG AGO YOU GRADUATED):

Anticipated Fall Enrollment Status: Full Time Part Time

Practicum Courses to be Taken This Fall: _____

Employment: Full Time Part Time Not Employed

Financial Aid Applied For: Yes No

FAFSA Completed: Yes Not yet

Current Grade Point Average: _____

Previous PNC Nursing Scholarships Received: _____

Year Received: _____

Requirements

1. Current high school students and students with no previous college experience need to provide a high school transcript.
2. Current college students and students with previous college experience need to provide college transcripts. (A student printed copy from Banner is sufficient)
3. All applicants are required to submit a one page letter describing interests, financial needs, career goals, and nursing aspirations.
4. All students should complete the FAFSA form regardless of their financial situations in order to maximize the potential of receiving a scholarship.
5. All students must submit two completed faculty recommendation forms with their application materials. Recommendation forms are to be sealed in an envelope with the faculty's signature across the seal.
6. Upon receiving a scholarship, a letter of appreciation and thank you must be sent to the donor of the scholarship. Letters are to be given to the Office of Advancement (219)785-5697 for approval and will be forwarded on to the donors appropriately.
7. All recipients will be invited to a scholarship dinner each fall. Invitations to this dinner are mailed out by the Office of Advancement (219)785-5697. Attendance at this dinner is expected so that recipients may personally thank the donors.
8. A complete scholarship application package includes: Pages 1-4 of this application, transcripts, and a letter of self-description. These items should be submitted together. Incomplete packages will be discarded.

Information

1. All requirements and the application form must be sent to the Nursing Department at Purdue University before the deadline date.
2. The selection will be made by the Purdue University North Central Nursing Department Facilities and Resources Committee.
3. The Director of Financial Aid shall serve as an ex officio member of the committee.
4. Scholarships are awarded once a year.
5. Your application will be kept on file for one year for potential nursing monies or scholarships that may become available.
6. Previous nursing scholarship recipients are encouraged to apply each year.

My signature below indicates agreement to waive my right under the Family Education Rights and Privacy Act to allow Purdue University North Central to release my name, major and hometown to the media and/or donors of the scholarship indicating the scholarship for which I have been selected and I have successfully met all criteria. Additionally, I agree to allow the Nursing Department Facilities and Resources Committee to review my records as needed in determining my eligibility for these awards.

Student Signature

Date

Return Completed Application Package to:
Purdue North Central
Department of Nursing
Facilities and Resources Committee
1401 S. U.S. Hwy. 421
Westville, IN 46391-9542

Purdue North Central Department of Nursing

Scholarship Recommendation Form

Please rate the quality of applicant's performance:

	Excellent	Good	Average	Below average	Poor	N/A
Leadership						
Effective team member						
Class grade						
Commitment to education						
Ability to complete the degree in defined time						

Comments:

Signature: _____

Relationship to applicant: _____

Date: _____

Purdue North Central Department of Nursing

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Comments:

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