

**LANDER UNIVERSITY
DEPARTMENT OF NURSING
GRADUATE SCHOOL
NURSING SCHOLARSHIP APPLICATION**

Attach a CURRENT TRANSCRIPT from BEARCAT WEB
(Applications will not be accepted unless transcript is attached.)

NAME: _____ SS# _____

L # _____

AGE: _____ GENDER: _____ MARITAL STATUS: _____

CAMPUS ADDRESS: (if applicable) _____

PARENT'S NAME (if applicable) _____

PERMANENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

TELEPHONE _____ COUNTY _____

EDUCATION: (Indicate dates attended or degree obtained)
(1) _____

(2) _____

DATE ENTERED LANDER: _____

DATE ADMITTED TO NURSING MAJOR: _____

CURRENT LANDER (Institutional) GPA: _____ CREDIT HOURS EARNED AT LANDER _____

NAME OF GRADUATE SCHOOL (applied/accepted) to: _____

FINANCIAL AID

Have you completed a financial aid application form in the Financial Aid Office?

_____ yes _____ no

Are you receiving financial aid? _____ Yes _____ No

If yes, list the name and amounts received _____

Are you receiving any scholarships? _____ Yes _____ No

If yes, list name and amounts received _____

AREA OF INTEREST IN NURSING (ex. Mental Health, Community Health, Neuro, Psych, Cancer, Orthopedic, Geriatric)

LIST LANDER UNIVERSITY ACTIVITIES:

LANDER UNIVERSITY STUDENT NURSES ASSOCIATION (LUSNA) ACTIVITIES

(Include related activities, membership, offices held, and committee activities.

Also include State and National activities).

CIVIC AND COMMUNITY ACTIVITIES

HONORS AND AWARDS RECEIVED

Are there any unusual or significant circumstances of which the scholarship committee should be aware?
Please explain, describing financial and any other circumstances attaching additional page if necessary.)

I certify that the information submitted on this application is accurate to the best of my knowledge.

DATE: _____

SIGNATURE: _____