

**LANDER UNIVERSITY SCHOOL OF 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: (Include High School and indicate dates attended or degree obtained)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

DATE ENTERED LANDER: \_\_\_\_\_

DATE ADMITTED TO NURSING MAJOR: \_\_\_\_\_

**CURRENT NURSING STATUS (check one)**

Senior      Junior      Sophomore      Prenursing      RN/BSN

**CURRENT LANDER (Institutional) GPA: \_\_\_\_\_ CREDIT HOURS EARNED AT LANDER \_\_\_\_\_**

**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, describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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**

**CHECK ALL THAT APPLY**

Working Mother  
Plan to Attend Graduate School within  
the next 2 years  
Been accepted to Graduate School  
Interest in Critical Care  
Interest in Emergency Nursing  
Achieved Level III on proctored ATI  
Mental Health Assessment  
Returned to school after a medical leave  
of absence

Interest in Community Health  
Interest in pursuing doctoral education in  
nursing  
Interest in conducting nursing research  
Single mother (unwed, divorced or  
widowed)  
Interest in specializing in the treatment of  
brain disorders and/or mental health  
nursing  
First generation college student

**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: \_\_\_\_\_

Approved by NFO 9/21/94

Revised 1/30/01, 2/3/04, 04/07/2016; Reaffirmed 2016