

**Scholarship Application**  
**Arkansas State University – College of Nursing and Health Professions**

*Applications will be accepted beginning January 20, 2017.*

**Application Deadline – February 16, 2017**

*(Please Type)*

Name (Last, First, MI)			Student ID
Home Address (Street/Box/Apartment)			Arkansas Resident? ) (Yes      ( ) No
City	State	Zip Code	County
Telephone Number (    )	Date of Birth	Do you have previous college credit? ) (Yes      ) ( No	U.S. Citizen ( ) Yes      ( ) No
Major Area of Study		Student Status  ) (Single      ) ( Married	Dependent Children  ) (Yes      ( ) No
E-Mail		High School Attended  Date of Graduation	High School GPA
ACT Score	College Hours at ASU	Hours Currently Enrolled at ASU	College Hours at other Institution
SAT Score			Other GPA
Total College Hours	Overall GPA	Are you a member of a Professional Organization? (ex: SNA, ArSRT...)	
Program Currently Enrolled	Current Program Level (Fr, Soph...)  Level for Fall, 2017	Total Program Hours Completed	Number of Hours Anticipated Enrolled for Fall, 2017
Past Scholarships you have been awarded		Grants/Scholarships you have been awarded for the next academic year (Pell / Arkansas Challenge...)	

**FINANCIAL STATEMENT** – Please attach a complete financial statement **if** you are applying for any scholarship for which financial need is a criteria.

**RESUME** – Please attach a resume which lists part-time and other work experience, honors, awards, clubs, Greek experiences or other activities in high school and college stating offices held (if any).

**PROFESSIONAL STATEMENT** – Please attach a statement regarding your future professional objectives and state your reasons for desiring this scholarship award.

**Check the awards for which you are applying. Ensure that you are eligible for those which you check.**

**College (all majors eligible)**

- Elizabeth A. Thomas Health Sciences (undergraduate)
- Jon A. Linder/Douglas Jon Seitz (undergraduate – 1<sup>st</sup> Nursing, 2<sup>nd</sup> CD, 3<sup>rd</sup> Health Professions)
- NEA Baptist Memorial Scholarship

**Nursing**

- Carla Brooks Spears Memorial Scholarship (AASN)
- Susan Tolliver Memorial Scholarship (AASN, BSN)
- Ray H. Hall & Kathleen Scott Hall Nursing Scholarship (AASN, BSN)
- Sister Patricia Lee Findley Memorial Scholarship (BSN)
- Linnie Wisdom-Maude Wilson Honors Scholarship (BSN)
- William and Harriet Mildred Smith Memorial Scholarship (BSN)
- Bill Penix, Jr. Memorial Scholarship (MSN)
- Lillian G. & Homer G. Proctor Nursing Scholarship (RN to BSN or BSN)
- Bartels Family Endowed Nursing Scholarship (RN to BSN)
- Leet Family Scholarship (BSN) (please voluntarily disclose if minority)
- Emily Sloan Abernathy Kluge Scholarship (AASN, BSN, MSN)
- Dr. Rebecca Matthews Memorial Nursing Scholarship (2<sup>nd</sup> Degree Accelerated Nursing Program)

**Radiologic Sciences**

- Kris Taylor Memorial Scholarship (RS)

**Social Work**

- Martha Ivener Memorial Scholarship (SW)

**Physical Therapy**

- Bob and Frances Puryear Physical Therapy Scholarship

**Physical Therapy, Occupational Therapy, or Speech Therapy**

- Marie Deacon Landon Scholarship

**RELEASE OF INFORMATION: ALL APPLICANTS MUST READ AND SIGN TO BE CONSIDERED FOR PROFESSIONAL SCHOLARSHIPS.**

I, \_\_\_\_\_, grant permission to the Scholarship Committee to obtain information about my grade point average, enrollment status and financial status (if applicable) to evaluate my candidacy for scholarship awards. I understand the information will be kept confidential and will be available only to Scholarship Committee members having a need to know for the purpose of scholarship determination.

\_\_\_\_\_  
*Applicant's Signature*

**I certify that the above statements are true and complete to the best of my knowledge and are made in good faith. The university is authorized to make this information available to scholarship donors and university scholarship committees.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**APPLICATION CHECKLIST**

- \_\_\_\_\_ Scholarship Application
- \_\_\_\_\_ Resume Attached
- \_\_\_\_\_ Professional Statement Attached
- \_\_\_\_\_ Projected budget for next academic year completed & attached (if financial need scholarship)
- \_\_\_\_\_ Check mark by scholarships for which you are applying
- \_\_\_\_\_ Signature on release of information and good faith statements

**Return completed application packet to the Dean's office by 5:00 p.m. on February 16, 2017.**

**All scholarships are awarded based upon application for admission to the university and the availability of funds.**