

Scholarship Application

Are you a US Citizen? Yes No

Name: _____ Date: _____ H#
(Last) (Initial) (First)

Current GPA: _____

Last 4 Digits of Social: _____

Attach Resume/CV _____

EDUCATION

Major

(Select all that apply)

Undergraduate

- KINES Sports Management (BA)
- KINES Wellness Management (BS)
- KINES Allied Health (BS)
- NURS Honors (BSN)
- NURS (BSN)

Graduate

- Master of Science Kinesiology (MSK)
- Master of Science in Nursing (MSN)
- Family Nurse Practitioner (FNP)
- Pediatric Nurse Practitioner (PNP)
- RN-MSN

Classification

- KIN
- NURS
- Graduate

Female

Male

Race/Ethnicity _____

Veteran

Honors College

Athlete

Sport: _____

Program Entry Date: _____

Expected Graduation Date: _____

FINANCIAL NEED

(For Current Degree)

ADA

Annual Household Income: _____

Monthly Expenses: _____

Currently Employed: _____

Current Financial Aid/Student Loan Burden: _____

Commuter

Single Parent

Number of Dependents: _____

Reside on Campus

Will you be taking NURS 4415/4015 during the academic year in which this scholarship will apply? Yes No

PAST GRANTS/AWARDS/SCHOLARSHIPS

(For Current Degree Including Dates of Awards)

Award

Date

Amount

Award	Date	Amount

