Creighton University School of Nursing

SCHOLARSHIP APPLICATION

Return Applications to: Joyce Bunger, Scholarship Committee Chair
School of Nursing
Dean's Office 193 B
402-280-2029
jbunger@creighton.edu

Deadlines: April 30, 2008 (fall semester enrollment), September 30, 2008 (spring semester enrollment)

This application is to be completed by students enrolled in the School of Nursing at Creighton University. Applicants seeking scholarship information should see Joyce Bunger.

PLEASE NOTE:
Scholarships are awarded on merit and financial need. Incoming freshmen enrolled in the traditional program are awarded scholarships from Undergraduate Admissions, not the nursing school. The nursing school awards scholarships to students enrolled in the accelerated program, RN – BSN program, graduate program and to upperclassmen enrolled in the traditional program. Special crisis situations will be considered all times.

TODAY’S DATE: ____________________

PROGRAM INFORMATION

Nursing Program Enrolled: Traditional Accelerated RN-BSN Graduate

Class Level: Freshman Sophomore Junior Senior Other_________

Program Start Date: ________________

___ Full-time Student ___ Part-time Student

PERSONAL INFORMATION

Name: ___________________________________________________________________________

Last    First    Middle    Student Net ID

Omaha Address: ________________________________________________________________

Street       Apt No.

City        State        Zip        Cell Phone

Permanent Address: ______________________________________________________________

Street       City        State        Zip

OPTIONAL—May be needed for some awards

Gender: ___ Female       ___ Male

Marital Status: ___ Married     ___ Single

Number of Dependents: _______
**EDUCATIONAL INFORMATION**

Please list names and locations of all schools attended and the date you graduated.

High School:_______________________________________________________________________________

College:___________________________________________________________________________________

College: ___________________________________________________________________________________

Current Overall GPA:_______

Expected Date of Graduation:______________

**FINANCIAL AID**

Approximately what percent of your current college education is financed by the following:

<table>
<thead>
<tr>
<th>Percentage financed</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financed by you personally?</td>
<td></td>
</tr>
<tr>
<td>Financed by your parents?</td>
<td></td>
</tr>
<tr>
<td>Financed by grants, awards, and scholarships?</td>
<td></td>
</tr>
<tr>
<td>Financed by student loans?</td>
<td>100%</td>
</tr>
</tbody>
</table>

Are you employed?      Yes   No

How many hours do you work per week?  ______

List any other scholarships you have received from Creighton:

<table>
<thead>
<tr>
<th>Type or Name</th>
<th>Date Received</th>
<th>Amount</th>
</tr>
</thead>
</table>

List any other Financial Aid (not including scholarships) that you have received.

<table>
<thead>
<tr>
<th>Type or Name</th>
<th>Dates Received</th>
<th>Amount</th>
</tr>
</thead>
</table>

Please list your current extra curricular activities and mention any leadership roles.

List factors or special circumstances describing why you should be considered for a scholarship. Include your reasons for pursuing nursing education at Creighton, financial need, career goals and any other factors the Scholarship Committee should take into consideration when evaluating your application. (Attach or e-mail additional information if space is insufficient)

Signature: ______________________________________________________