

UNIVERSITY of
HOUSTON

COLLEGE of NURSING

SCHOLARSHIP APPLICATION

(Please type or print legibly using black ink)

Name: _____ Date: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____ UH Student ID #: _____

Place of Birth (State and County) _____

Date of Birth: _____ Are you a U.S Citizen? Yes No Are you a permanent resident? Yes No

What is your legal state of residency: _____ Do you pay out-of-state fees: Yes No

What is your classification? RN-BSN Second Degree BSN Traditional BSN

MSN: EDU ADM FNP

Expected graduation date: _____ Campus: UH at Katy UH at Sugar Land UH Main

Have you applied for financial aid at UH? Yes No

If yes, what type of aid did you apply for (Check all that apply)?

Grants Scholarships Student Loans Tuition Reimbursement from Employer Other

List all types of aid and amounts you have or will be awarded for the academic year:

Have you submitted the "Free Application for Federal Student Aid Form" (FAFSA) with your most recent income statement? Yes No

Note: To be considered for scholarships that stipulate a final need, you must apply for the FAFSA (www.fafsa.ed.gov). If you elect not to apply for FAFSA and there are circumstances the committee should consider in regard to financial need, please complete the following section.

If you believe there are extenuating circumstances that would affect your ability to pay for educational expenses, you may request the UH College of Nursing Scholarship Committee to review your circumstances.

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Describe any unusual circumstances that affect you or your family's ability to meet the cost of your education (use additional sheets if necessary): _____

I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge. Student authorizes UH to release information concerning the his/her award to any federal, institutional and/or local organization as necessary for the administration of the awards, processing of the student's application and submission of required reports.

Student's Signature: _____ Date: _____

Return all the items below in one packet:

1. Nursing Scholarship Application form (Required)
2. Resume (Preferred) Please include career objectives, leadership activities [including academic, community, professional, religious, charity, other], and current place of employment).

Faculty Recommendation (Preferred, but not required, for UH nursing students currently enrolled)

3. Scholarship, Leadership and Service (Only if a current UH nursing student or Registered Nurse)
4. Clinical Experience (Only if a UH nursing student currently enrolled)

Email To:

Scholarship Services, Grants, and Donor Relations at scholarship-review@uh.edu

Do Not Write Below This Line – FOR OFFICE USE ONLY

GPA: _____ Amount Awarded: _____ Date: _____ Initials: _____

Comments: