



The Loewenberg School of Nursing

GRADUATE 2012-2013 SCHOLARSHIP APPLICATION

This application and the attached financial need based scholarship evaluation form should be submitted to the Loewenberg School of Nursing, Billy Mac Jones Building by April 15, 2012. Only currently enrolled Loewenberg School of Nursing students are eligible to apply. Scholarship recipients will be notified after the completion of the spring 2012 term for 2012-2013 Academic Year.

PLEASE PRINT

BIOGRAPHICAL INFORMATION

SSN or U Number: _____

DOB: ____/____/____
Month Day Year

Ms. []
Mr. []

-Last Name-

-First Name-

-Middle/Maiden Name-

Mailing Address

-No. & Street-

-City-

-State-

-Zip-

PHONE: Home (____) _____ Work (____) _____ Cell (____) _____

EMAIL: _____

Place of employment _____ Length of employment _____

Position _____ [] Full-Time [] Part-Time

Does your employer reimburse tuition for courses? [] YES [] NO

If yes, are you eligible for reimbursement? [] YES [] NO

Maximum number of credits that can be reimbursed: _____

What is your concentration? (FNP, Nursing Ed, Nursing Adm, Informatics) _____

Are you a U. S. citizen: [] YES [] NO

Tennessee resident: [] YES [] NO if non-resident, state _____

Are you now or have you ever been a Dyer county resident? [] YES [] NO

Did you graduate from Bartlett or Bolton High School in Shelby Co.? [] YES [] NO

*If you would like to be considered for scholarship funds from a private source which requires that applicants specify their religion please indicate your religion _____

Indicate all courses with allocated credit that you will be taking during the next academic year. **Some scholarships can only be awarded to full time (9 credit hours per semester) students. Courses are for fall 2012 & spring 2013.**

FALL 2012 SEMESTER

Course Number	Course Title	Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total		_____

SPRING 2013 SEMESTER

Course Number	Course Title	Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total		_____

Note: Scholarships differ in criteria for consideration. Some allow for consideration of financial need and others only consider academic success in college courses. Completion of the optional section below will allow the applicant to be considered for all nursing scholarships available for which the applicant meets criteria.

OPTIONAL INFORMATION (TO BE CONSIDERED FOR NEED BASED SCHOLARSHIPS)

Marital Status: Single Married/Remarried Divorced/Widowed

Do you have children or other dependents that you support? YES NO

Read the following statements. Check all that apply or check none of the above.

- I am on active duty or I am a veteran of the U.S. Armed Forces
- Since I turned age 13, both of my parents were deceased
- I was in foster care or I was a dependent or ward of the court since turning age 13
- I am currently or I was an emancipated minor or in legal guardianship
- None of the above.

List the number and ages of all family members _____

How many members in your family (including yourself) attend college _____

Household income last year \$ _____ Estimated household income this year \$ _____

Non-taxable income last year \$ _____ Estimated non-taxable income this year \$ _____

(example: child support, unemployment benefits, social security benefits, etc.)

List any additional sources of income:

Loans \$ _____ Scholarships \$ _____ Vacation Earnings \$ _____

Work Study or Student Employment \$ _____ Other \$ _____

PLEASE EXPLAIN WHY YOU FEEL YOU HAVE FINANCIAL NEED FOR THIS SCHOLARSHIP. LIST ANY SPECIAL CIRCUMSTANCES WHICH YOU WOULD LIKE TO BE CONSIDERED (i.e., recent catastrophic illness, unemployed spouse, outstanding expenses, etc.).

NURSING SCHOLARSHIPS ARE ONLY AVAILABLE TO STUDENTS ADMITTED AND ENROLLED IN THE UNIVERSITY OF MEMPHIS LOEWENBERG SCHOOL OF NURSING. APPLICATION FOR OTHER FINANCIAL ASSISTANCE CAN BE MADE THROUGH THE STUDENT FINANCIAL AID OFFICE.

SIGNATURE REQUIRED

I certify that none of the information provided on this application is false nor have I willingly withheld any pertinent information. I will use the scholarship funds for educational purposes only. I do ____ do not ____ give permission for my grades to be released to the scholarship sponsor.

Signature of Applicant

Date

All applications for scholarship should be directed to Ms. Tonya Gandy. Loewenberg School of Nursing . Billy Mac Jones Building. Phone 901-678-2003