

**PA NURSING EDUCATION SCHOLARSHIP  
APPLICATION**

NAME: \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE \_\_\_\_\_ TJU Email \_\_\_\_\_

U.S. Citizen: \_\_\_ YES or \_\_\_ NO

Permanent Resident of the United States, not a U.S. citizen (Alien registration # \_\_\_\_\_)

Country of citizenship \_\_\_\_\_

PROGRAM: \_\_\_ FACT \_\_\_ BSN JR \_\_\_ BSN SR \_\_\_ ASN 2<sup>nd</sup> YR \_\_\_\_\_ Campus

RACE: \_\_\_\_\_

PRIMARY SPOKEN LANGUAGE: \_\_\_\_\_

GPA: \_\_.\_\_\_\_ (current)

Will you receive scholarship and/or financial aid support for your nursing education during the 2009 – 2010 year? \_\_\_NO \_\_\_Yes, from \_\_\_\_\_ amount  
\_\_\_\_\_

What is your unmet need? \_\_\_\_\_

I GIVE MY PERMISSION FOR THE FINANCIAL AID OFFICE TO RELEASE INFORMATION CONCERNING MY FINANCIAL NEEDS TO JEFFERSON SCHOOL OF NURSING. YES \_\_\_\_\_ NO \_\_\_\_\_

Jefferson School of Nursing has been awarded a grant by the PA Higher Education Foundation (PHEF). The purpose of the grant is to offer scholarships to support nursing education. I invite you to apply for a PA Nursing Education Scholarship to support your tuition during the 2009 – 2010 academic year.

Describe on the reverse side how a PA Nursing Education Scholarship will assist you with your education goals.

I hereby apply for a PA Nursing Education Scholarship. If I am awarded and accept this Scholarship, I understand the information contained in my application for admission to the College and/or my current academic record will be used in the Nursing Scholarship Award selection process.

SIGNATURE:

DATE:

Applications must be submitted on or before October 9, 2009 to: BSN Students –Stacey Riley, Secretary; ASN Center City – Millie Weber, Administrative Assistant; and ASN GMC Campus – Diana Davis. Applications will not be accepted after October 9, 2009.