

SALISBURY UNIVERSITY DEPARTMENT OF NURSING

Scholarship Application Form

APPLICATION FOR: _____ Scholarship/Award

NAME: _____
Last First MI

ID #: _____

PERMANENT ADDRESS: _____

LOCAL ADDRESS: _____

PHONE NUMBER: _____ (Local/Cell)

CURRENT EMAIL: _____

STUDENT CLASSIFICATION: (as of current Spring semester) 1st degree student Current 2nd degree student
 Freshman RN seeking BS
 Sophomore Graduate nursing student
 Junior High School senior/incoming freshman
 Senior

STUDENT STATUS: Full-time Part-time

HIGH SCHOOL ATTENDED & GPA (incoming freshmen applicants only):

CURRENT COURSES IN WHICH CURRENTLY ENROLLED (Spring semester):

CURRENT CUMULATIVE COLLEGE GPA: _____

PLACE OF EMPLOYMENT: _____

ET EMC /P MCID 3>9T BT1 _____