

Nursing Program Scholarships 2017-18

Read the guidelines for each award carefully. Please check the box for all scholarships you would feel that you have met the requirements and would like to be considered for.

Deadline: May 31, 2017

- Martha Harrington Nursing Scholarship 2.5 GPA, senior nursing student, academic performance, financial need, potential for contribution after graduation. Preference to undergraduate.
- <u>Nancy Ward Scholarship</u> 3.0 GPA, Cherokee heritage with preference for descendants of Nancy Ward, majoring in Nursing. Please attach copy of CDIB card and/or proof of relationship to Nancy Ward.
 Preference to undergraduate.
- Lela Canada Memorial Scholarship 3.25 GPA, majoring in nursing, leadership in extra-curricular activities on or off campus. Please attach a list of activities you have been involved in. Preference to undergraduate.
- □ **Barbara Jones/Delpha Mae Moore Memorial Scholarship** 2.5 GPA, student majoring in nursing who is from or resides in northeastern Oklahoma.
- Dr. Janet Bahr Scholarship 3.0 GPA, student pursuing a Master's degree in Nursing Education, enrolled in at least 6 hours per semester. Must attach a 1 page essay on your future plans in Nursing Education.

| PLEASE TYPE OR PRINT CLEARLY IN INK. APPLICANT INFORMATION | | | | | | |
|---|---|---------------------|---------------------|---|-----------------------------|---------------------|
| | | | E-mail Address:_ | | | |
| Name | | | N # | | Date of Birth | |
| (Last) | (First) | (MI) | | | | |
| Permanent Addre | ess | | | | County | · |
| | (Street) | | (City) | (State) (Zip) | | |
| Telephone | | Are you a U.S. Ci | itizen? □Yes □No | Are you an Ok | lahoma resident? □Yes □ | No |
| Which NSU campus do you plan to attend in 2017-2018 | | | Cumulative Coll | ege GPA | | |
| □Tahlequah □Broken Arrow □Muskogee | | | Total college ho | urs completed | after Fall 2016: | _ |
| | | | Hours enrolled | for Spring 2017 | : | |
| Which semester | (s) would you like to rec | eive scholarship | assistance? | I am Cherokee | e 🛛 yes 🗖 no | |
| □Fall & Spring | □Fall 2017 only | | | I am attaching | a copy of CDIB card | /es ⊒no |
| What is your and | ticipated enrollment stat | us during 2017-20 | 018? | I am attaching an essay for Bahr award uyes uno | | |
| □Full Time □Par | t-Time | | | | | |
| | nolarships are based o ow that applies to you. | | d. In order for us | s to determine | e your financial need, j | blease check any |
| I am not curren | tly receiving substantial fir | ancial assistance | from my parent(s), | guardian(s), fan | nily member(s) or friend(s) | and need assistance |
| to help fund my c | ollege education. | | | | | |
| I am currently f | inancially responsible for t | he majority of my l | iving and school ex | penses (for exa | mple: rent, food, insurance | , tuition, fees and |
| books) and need | assistance to help fund m | y college educatio | n. | | | |
| I plan to complete | ete the federal student fina | incial aid forms (F | AFSA) for the acad | emic year. | | |
| Signature of applicant | | | Date | | | |
| | | Please retu | Irn completed ap | oplications to | · | |
| | | N | SU Nursing Prog | gram | | |
| | | 1 | Attn: Dr. Mashbu | urn | | |
| | | | PO Box 549 | | | |
| | | Mus | kogee OK 7440 | 2-0549 | | |