



School of Nursing and Allied Health Scholarship Application
(Deadline JULY 31, 2019)

Name: _____ Date: _____ H#
(Last) (Initial) (First)

Current GPA: _____ Last 4 Digits of Social: _____ Attach Resume/CV

EDUCATION

Major

(Select all that apply)

- Undergraduate
 - KINES Sports Management (BS)
 - KINES Wellness Management (BS)
 - NURS Honors (BSN)
 - NURS (BSN)
 - NURS (RN-BSN)
- Graduate
 - Master of Science Kinesiology (MSK)
 - Master of Science in Nursing (MSN)
 - Family Nurse Practitioner (FNP)
 - Pediatric Nurse Practitioner (PNP)
 - Other: _____

- Freshman
- Sophomore
- Junior
- Senior
- Post Baccalaureate
- Program Entry Date: _____
- Expected Graduation Date: _____
- Female
- Male
- Race/Ethnicity _____
- Veteran
- Honors College
- Athlete
- Sport: _____

FINANCIAL NEED

(For Current Degree)

- ADA
- Annual Household Income: _____
- Monthly Expenses: _____
- Currently Employed: _____
- Current Financial Aid/Student Loan Burden: _____
- Commuter
- Single Parent
- Number of Dependents: _____
- Reside on Campus

PAST GRANTS/AWARDS/SCHOLARSHIPS

(For Current Degree Including Dates of Awards)

Award	Date	Amount



School of Nursing and Allied Health Scholarship Application
(Deadline **JULY 31, 2019**)

SERVICE

(E.G. Ministry, Community, Volunteerism Including Dates of Service)

Incomplete Applications Will Not be Considered

Return to: sonahscholarships@hbu.edu