SCHOLARSHIP APPLICATION

SECTION I:
Personal Info

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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<th>PID</th>
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<table>
<thead>
<tr>
<th>Permanent Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tr>
<th>Local Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tr>
<th>Local Phone #</th>
<th>Email Address</th>
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<tr>
<th>Name of Hometown Newspaper</th>
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SECTION II
Educational Info
(Please indicate which program and year/level you are in)

<table>
<thead>
<tr>
<th>BSN Programs</th>
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<tbody>
<tr>
<td>Traditional</td>
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<tr>
<td>Level _______</td>
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<tr>
<th>MSN Programs</th>
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<tbody>
<tr>
<td>Nurse Practitioner _______</td>
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<table>
<thead>
<tr>
<th>PhD Program</th>
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<tbody>
<tr>
<td>Traditional</td>
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<tr>
<td>Year _______</td>
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Nursing GPA: ____________ (If applicable)
Overall GPA: ____________
SECTION III
Leadership & Involvement

1. List all leadership roles and community involvement activities in which you have participated:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
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2. List any academic or professional honors you have received:
__________________________________________________________________________________
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3. List professional memberships:
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4. Please list specific scholarships for which you are applying (see CON website at http://nursing.msu.edu/scholarships.asp). For each scholarship listed, identify how you meet the scholarship criteria and describe how the scholarship funds will assist you to achieve your personal, professional or academic goals.

Scholarship Name: ___________________________________________________________________
Criteria and Goal description:
__________________________________________________________________________________
__________________________________________________________________________________
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Scholarship Name: __________________________________________
Criteria and Goal Description:
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Scholarship Name: __________________________________________
Criteria and Goal Description:
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Attach additional pages to apply for additional scholarships or if you need additional space.

I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge. I hereby grant permission to allow the College of Nursing to release information contained herein to scholarship award committees and for publication purposes. I also agree to provide written acceptance and to acknowledge the benefactors of the award within two weeks of award notification and to participate in the College of Nursing Scholarship and Awards banquet.

Signature: ________________________  Print Name: __________________________  Date: _______________

Applications are due by March 1 each year for scholarships awarded in the following Fall semester.

Submit completed application and one academic reference to:

Office of Student Support Services
College of Nursing
Michigan State University
A-117 Life Sciences Building
East Lansing, MI  48824