BSN PROFESSIONAL MAJOR
UNDERGRADUATE SCHOLARSHIP APPLICATION

Office of Student Services
Health Science Campus MS1026
Collier Building 4405
3000 Arlington Avenue
Toledo, OH 43614-2598
419.383.5810
FAX: 419-383-5894

In order to be considered for The University of Toledo College of Nursing Scholarships, applicants must be admitted to the nursing major as a University of Toledo student.

- This application makes you eligible for consideration for all College of Nursing undergraduate scholarships.
- Should information change, please submit a new application.
- For financially need based scholarships, students are required to complete a FAFSA annually.
- Private scholarship awards are based on donor criteria.

Date: ____________________________

Name: ____________________________

Last     First     Middle

Local Address: ____________________________

Permanent Address: ____________________________

Phone: ____________________________

Home         Work           Cell

Email: ____________________________     R#: ____________________________

Check one:

___ I am a student who has just been admitted to the nursing major to begin: FA_____   SP_____   SU_____

___ I am currently in the BSN major. Circle semester currently enrolled: 1   2   3   4

___ I am currently in my off semester: FA _____   SP _____   SU _____

___ I am an RN who has just been admitted to the nursing major to begin: FA _____   SP _____

Current GPA: ____________________________
Use this entire page to describe your personal philosophy of a caring professional. Additionally address the role communication skills play in the profession of nursing.
Describe how you have demonstrated leadership in community or college activities:

Are you receiving any financial assistance other than Federal Student Loans? Please check all that apply:

_____ None
_____ Tuition waiver
_____ Employer reimbursement
Other, please describe ________________________________

Write a statement about your financial need including any additional information you feel should be taken into consideration when reviewing your application. FAFSA submitted _____Yes _____No

I have completed this application and certify that all information provided is complete and accurate to the best of my knowledge. My signature also gives permission for data to be obtained from my student records.

Student Signature _______________________________________________

Submit application to:  Assistant Dean for Student Services on the Health Science Campus (4405 Collier).
Mailing Address:  Office of Student Services
                 College of Nursing
                 MS 1026 HSC
                 3000 Arlington Ave.
                 Toledo, Ohio  43614-2598
                 Fax# 419-383-5894

Scholarship recipients will be notified via UT student email. Revised 4/2013