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.

IMPORTANT
Students wishing to use their scholarship for summer enrollment must complete a summer aid application (available in late March/early April at http://www.utoledo.edu/financialaid/). If you are filing a FAFSA, it must be completed and accepted before your summer aid application can be processed. In addition, if you are selected for verification, your verification must be complete before your summer aid application can be processed.

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:

Tell us your clinical area of interest and why. (For example: I plan to work with older adults because I think in general the care given to older adults is less than optimal. OR I want to work in the Emergency Department because I enjoy a fast pace and changing environment.)

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

<table>
<thead>
<tr>
<th>Deliver to:</th>
<th>Mail to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>College of Nursing</td>
<td>The University of Toledo</td>
</tr>
<tr>
<td>Health Science Campus (4405 Collier Bldg.)</td>
<td>College of Nursing</td>
</tr>
<tr>
<td>Office of Student Services</td>
<td>Office of Student Services</td>
</tr>
<tr>
<td>Fax # 419-383-5894</td>
<td>3000 Arlington Ave.</td>
</tr>
<tr>
<td></td>
<td>MS 1026 - HSC</td>
</tr>
<tr>
<td></td>
<td>Toledo, OH 43614</td>
</tr>
</tbody>
</table>

Scholarship recipients will be notified via UT student email.

Revised 2/2015, 5/2015