Scholarship Application

Welcome to the College of Nursing Scholarship Application for 2016/2017

The College of Nursing’s Scholarship Application consists of questions related to your academic and personal background to become eligible for awards. To be eligible you must be a College of Nursing student (i.e.: Pre-Nursing, BSN, MEPN, DNP, or PhD).

Many of the questions below require an answer, please answer to the best of your ability.

All answers and attempts are recorded. Your final attempt at the scholarship application will be the one utilized as your final scholarship application. Please try to fill out the application one time to aid in reduction of processing timelines.

Students are encouraged to fill out all information, even optional times or non-required questions, as all questions help provide information to the College for assigning the best match for awards.

**DEADLINE:** The deadline is April 29, 2016 to be considered for 2016-2017 scholarships. While students may still submit, priority will be given to applications received prior to this date in the awarding process.

**PRIVACY:** All information collected via this application is obtained via a secure connection. The information collected in this application will be used to match students for awards, to inform donors of the recipients of their awards, and or grant reporting so the College may apply for additional student funding through various granting agencies. All information will be kept in a secure location and kept private.

This first section (questions 1 and 2) are required items as part of the College of Nursing scholarship selection process. You must file a FAFSA and register with scholarshipuniverse.arizona.edu. If you do not answer these with "yes" you will not be to continue with the application.
1. Did you file a FAFSA for the 2016-2017 Academic Year? (Filing is required for Nursing scholarship eligibility for all students except international students.)
   - Yes
   - No
   - No, I am an international student

2. Did you register with scholarshipuniverse.arizona.edu? (Registration is required for Nursing scholarship eligibility.)
   - Yes
   - No

*This section (numbers 3-11) is your Personal and Contact Information. All of the information in numbers 3-10 is required. Number 11 is required for DNP/PhD students.*

3. Full Name (Last, First, Middle Initial)

4. Student ID (Must be your 8 digit ID number, no S in front)

5. Street address (Include address, City, State, and Zip Code)

6. Provide your two-letter state abbreviation
7. Primary Phone Number

8. Other phone (Optional)

9. Email address

10. Are you an international Student?
    
    ○ Yes
    ○ No

11. **DNP/PhD Students only:** Do you come from one of the Western Regional Graduate Program (WRGP) eligible states? (Please note that WRGP is automatically applied). The WRGP states are Alaska, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming, and the Commonwealth of the Northern Mariana Islands. (International students and Arizona residents please select "no").
    
    ○ Yes
    ○ No

**Questions 12-16 are Academic Information and questions 12-14 and 16 are required.**

12. Expected unit load for the academic year (Fall 2016 to Summer 2017). Please make sure to indicate only the number of units you will actually enroll in.

    Fall 2016
    
    Spring 2017
13. Current cumulative GPA. You must include all college coursework ever taken, at all institutions of higher education ever attended. Please include a single cumulative GPA in number form: i.e., 3.50.

14. Expected term and year of graduation. (i.e.: Spring 2018)

15. High School Name: City, State (i.e.: Deer Valley High School: Phoenix AZ

16. Which Program are you going to be enrolled in for Fall 2016?

- Pre-Nursing
- BSN First Semester
- BSN Second Semester
- BSN Third Semester
- BSN Fourth Semester
- MEPN
- DNP
- PhD
- Other (please specify)

*If you are a DNP or PhD student, please fill out numbers 17-19 below. If you are a BSN or MEPN student, please skip to question 20.*
17. DNP/PhD: Years in program completed as of August 2016.

18. DNP/PhD: Area of Specialty or Research Focus: (i.e.: FNP, Prevention of Biological Injury)

19. DNP/PhD: Are you receiving any tuition reimbursement or reduction? If yes, explain the source and amount. If no, skip question. (Please include employer assistance, QTR, GA or TA positions, etc.)

Questions 20 and 21 outline different areas of academic interests that match with donor awards. You will be required to write 100 words for each area you identify so you can be match with the appropriate scholarship or award program.

This information is used to match students to specific donor scholarships. Please be clear and concise as to why you should receive an award dedicated to someone with that interest area.

Preference is given to those who are pursuing a career in that area, who work/have worked in that area, are pursuing a degree or certification in that area, and/or have specific experience in that area of interest.

Please note: If you receive a donor award, you will be required to turn in a hand-written thank you note and agree to attend a scholarship tea in the spring before you can receive funding. Refusal to attend the scholarship tea may result in losing your scholarship.

20. I intend to work in: (Check all that apply)

- Cancer Research and similar health problems
- Oncology
- Labor and Delivery
- Self Care Research
- Acute Care
21. For each checked item in the prior question, please describe your academic interest area(s) each in 100 words or less. (If you check off 4 areas, you should be writing four 100-word essays on your interest area. Please start each section with the topic name, for example: "Pediatric: I am interested in Peds because...." and include a blank line between each topic area.)

Optional Items

The information below is **NOT REQUIRED**. You may skip this last section and it will have no bearing on your application. However, please know some scholarships have preferences or requirements based on this information. If you do not choose to provide this information, you may not be eligible for scholarships that require the information.

22. (OPTIONAL) What is your age as of August 1, 2016?

23. (OPTIONAL) What is your race/ethnicity?

- White/Caucasian
- Black/African-American
24. (OPTIONAL) How do you identify?

- Male
- Female
- Transgender
- Other (please specify)  


- Active Duty
- Veteran
- Reserves
- ROTC
- No Military

26. (OPTIONAL) Additional information - check all that apply.

- Graduated from a Tucson Area High School
- Graduated from an Arizona High School
- Graduated from a Rural, Small High School
- Member of Gamma Phi Beta
5 or More Siblings

- Single Parent
- Married with Children
- Married with no Children
- Intend to work in Southern Arizona after Graduation
- Interest in working with Rural populations after graduation
- Interest in becoming a future faculty member, or currently serve as a faculty member

Final Item

You are not required to enter any information on question 27, however you are welcome to comment or describe any personal activities, interest, work experiences, internships, volunteering, background information, or other characteristics that might be useful in matching you with an award.

We recommend including any relevant information on your educational background, your career interests, research interests, personal success information, major life events, information on obstacles you have overcome, work experience, and anything else you feel is important to a donor. These essays will be used to match students to awards as well as used as an information base that we can provide the donor concerning your background so they will know why they would be supporting you.

**Please note:** If you receive a donor award, you will be required to turn in a hand-written thank you note and agree to attend a scholarship tea in the spring before you can receive funding. Refusal to attend the scholarship tea may result in losing your scholarship.

27. (OPTIONAL) Is there any additional information you would like us to know to help us place you with a scholarship or donor award?

This are the final two questions of the scholarship application. Once you submit your answers they will be recorded in our system.

28. I understand that if I should receive a donor award, I will be required to turn in a hand-written thank you note before any funding is awarded. I understand that if I fail to meet the deadline of the thank you note, I will forfeit the award.
I agree.

- I do not agree and wish to not be considered for any donor awards.

29. I confirm that all information in this submission is truthful and accurate to the best of my knowledge.

- I agree.

- I do not agree and will not be considered for scholarships, grants, or other awards from the College of Nursing.

If you have any questions or concerns, please send an email to Tina Douglas at cdouglas@email.arizona.edu.

Thank you and good luck!

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