

College of Nursing Scholarship Application

East Carolina University
College of Nursing
Graduate Programs Scholarship Application

If you are interested in receiving College of Nursing scholarship funds, please complete this general application form.

Important information about the scholarships:

If awarded the scholarship must be split between the 2 semesters.

Certain information is requested because donors have particular criteria for applications. If you do not meet the qualifications, the award cannot be given. Therefore, it is important that you carefully answer all questions.

Name: _____ ECU ID #: _____

Home Address: _____

Are you a North Carolina Resident? ____Yes ____No____

North Carolina County of Residence _____

Are you a graduate of the following high school: Ayden-Grifton? ____Yes ____No

Are you employed by the Brody School of Medicine? ____Yes ____No

E-mail address: _____

Home Phone: (____) _____

Academic Status in fall: 200____ First Year ____ Second Year ____ Other ____

Currently enrolled: ____Yes ____ No Full time ____ Part Time ____ Non-Degree Student: _____

Anticipated Graduation Date: _____

List the areas of nursing which interest you the most:

Geriatrics ____ Oncology ____ Rural focus ____ Nurse Anesthetist ____ Pediatrics ____

Emergency/ Critical Care ____ Hospice ____ Community Health ____ Family Nursing Practice ____ Nurse Midwifery ____

Concentration/Program:

Adult Nurse Practitioner ____ Family Nurse Practitioner ____ Nursing Leadership ____

Neonatal Nurse Practitioner ____ Nurse Anesthesia ____ Education ____ Nurse-Midwife ____

Clinical Nurse Specialist ____ Alternate Entry MSN ____ PhD ____

WHAT ARE YOUR CAREER PLANS AFTER GRADUATION?

IF THE SCHOLARSHIP IS BASED UPON FINANCIAL NEED EXPLAIN HOW YOU WOULD QUALIFY FOR THE AWARD (Give brief explanation)

(OVER)

LIST THE TYPES OF WORK EXPERIENCES YOU HAVE HAD (OR ATTACH A RESUME):

WHAT TYPE OF COMMUNITY OR SCHOOL SERVICE HAVE YOU BEEN INVOLVED?:

**PLEASE LIST ANY FINANCIAL ASSISTANCE YOU ARE CURRENTLY RECEIVING, SUCH AS:
NURSE TRAINEESHIP, NURSE SCHOLARS, EMPLOYEE TUITION REIMBURSEMENT, GI BILL,
OR OTHER SCHOLARSHIPS:**

This information is considered confidential and available only to Scholarship Committee. Please return this application by **April 15** to the Graduate Programs Office in Health Sciences Building 3166-B. **One letter of reference must accompany this application.**