

**Deadline: March 1<sup>st</sup>**  
**to Nursing Office CN 418**

*Ball State University*  
**SCHOOL OF NURSING SCHOLARSHIP APPLICATION**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of application

Please print and provide accurate information below.

\_\_\_\_\_  
Last name, First name BSU ID # AGE

\_\_\_\_\_  
Campus address Telephone #

\_\_\_\_\_  
Home address Telephone #

County (Hometown) \_\_\_\_\_ High School (diploma rec'd from) \_\_\_\_\_

Current Cumulative GPA \_\_\_\_\_ Total hours completed \_\_\_\_\_

Currently enrolled in NUR \_\_\_\_\_  
(course #)

Name of scholarship applying for: \_\_\_\_\_

Area of interest in nursing after graduation:  Medical-Surgical Nursing  Pediatrics  Maternity  
 Cardiac Specialty  Psychiatric  Emergency Department  
 Other \_\_\_\_\_

I am applying for a scholarship for: (check one)

\_\_\_\_\_ Academic year 20\_\_\_\_ - 20\_\_\_\_ (year)  
\_\_\_\_\_ Fall 20\_\_\_\_ (year)  
\_\_\_\_\_ Spring 20\_\_\_\_ (year)  
\_\_\_\_\_ Summer 20\_\_\_\_ (year)

State specifically other sources of financial aid you are currently receiving and will receive for the above dates.

	<i>Sources</i>	<i>Amount</i>
1.	ROTC _____ (name)	_____
2.	Grants _____ (name) _____ (name)	_____ _____
3.	Scholarships _____ (name) _____ (name)	_____ _____
4.	Other _____ (name)	_____

