

NURSING SCHOLARSHIP APPLICATION
Texas A&M University-Commerce
Nursing Department

Name _____ **CWID** _____

Important Note: to be eligible for scholarships through the Nursing Department, you MUST have completed a Free Application for Federal Student Aid (FAFSA) and have a 3.0 GPA or higher in nursing courses.

Scholarship Application Period (Choose One) Fall Year _____

Spring Year _____

Are you currently receiving federal financial assistance? ____ Yes ____ No

Do you currently have any scholarships, government grants, or receive employer reimbursement for your education? ____ Yes ____ No

Please describe type, frequency, and length:

In what state did you graduate high school? _____

If I receive a scholarship, prize or award, I understand there is an expectation I send a letter of appreciation to the donor and participate in events pertaining to the awarding of the scholarship. I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee(s) and scholarship donor(s).

Signature

Date

Scholarship(s) for which you are applying: _____

Scholarship Selection Committee Information	
FAFSA	
GPA	
LEVEL	
Scholarship awarded: _____	
Amount: _____	