

Scholarship Application

OHSU School of Nursing Administered Scholarships

Priority application deadline: February 15 (except for RNBS program for current RNs)

School of Nursing scholarships are awarded using information provided on this application. Scholarship awards are typically awarded one month after decision letters for your program have been sent out for the following academic year. Students will not be considered for scholarship awards unless they complete this application form and essay. Students must be admitted and in good academic standing in order to be considered for a scholarship.

Name _____ Social Security No. _____
 Mailing Address _____
 County _____ International Status _____
 E-mail Address _____ Phone Number _____
 Date of Birth _____ State of Residency _____

Academic Information

Student Status: New OHSU Student Current OHSU Student
Campus (check one): Ashland Klamath Falls La Grande Monmouth Portland
New Students Only: Cumulative GPA: _____ GRE Scores: Verbal _____ Quantitative _____
 Current OHSU Students Only: Cumulative Nursing GPA: _____ GRE Scores: Verbal _____
 Quantitative _____ Year entered: _____ Expected credit load for the year: _____
 Expected Graduation date: _____

Academic Program (check all that you applied to this year):

Undergraduate

<input type="checkbox"/> B.S. major in Nursing (OCNE)	<input type="checkbox"/> B.S. for current Registered Nurses (RNBS)	<input type="checkbox"/> Accelerated B.S. major in Nursing (ABS)	<input type="checkbox"/> Community College Transition Student (OCNE)
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Master/PMCO

<input type="checkbox"/> Accelerated B.S. to Master's (ABM) <input type="checkbox"/> Nurse Anesthesia <input type="checkbox"/> Family Nurse Practitioner <input type="checkbox"/> Nurse Midwifery	<input type="checkbox"/> Nursing Education with an emphasis in Community Health Nursing <input type="checkbox"/> Nursing Education with an emphasis in Gerontological Nursing	<input type="checkbox"/> Master of Public Health online <input type="checkbox"/> Psychiatric Mental Health Nurse Practitioner <input type="checkbox"/> PMCO Nursing Education <input type="checkbox"/> PMCO other:
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Doctoral

<input type="checkbox"/> Doctor of Nursing Practice (DNP)	<input type="checkbox"/> Ph.D. in Nursing
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Ethnicity and Race

To help the university comply with a commitment to the U.S. Department of Health, Education and Welfare, you are urged to identify your ethnic background and gender. You may decline to do so without prejudicing the action taken on your application; however, it may mean you are not eligible for some scholarships that are intended to benefit identified groups.

Please check one ethnicity/race:

- Hispanic Asian or Pacific Islander Non-Hispanic Black American Indian or Alaskan Native
Non-Hispanic White Other: _____

Please check one gender: Male Female

Practice Area of Focus

Please check all that apply if you are interested in:

- Pediatric Nursing Adolescent Nursing Adult Nursing Geriatric Nursing Rural Health Nursing

Other Personal Information

Please check all that apply if you:

- Guild Volunteer Plan to practice in Rogue Valley Attended public high school RVMC employee

Financial Need- FAFSA Information

Scholarship applicants are strongly encouraged to apply for the Free Application for Federal Student Aid at www.fafsa.ed.gov for scholarship consideration. (Check One)

- I have submitted my FAFSA materials to the OHSU School of Nursing. My Estimated Family Contribution is \$ _____
I will file the FAFSA and submit my materials to the OHSU School of nursing by _____ (date).

Have you received a scholarship from SON in the past? Yes No

If yes, which one(s) and in what amount(s)?

Source or Name of Award	Amount	Year(s) Received
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Scholarship Essay

Attach a one-page essay describing how a scholarship would help you obtain your educational and professional goals. Identify your goals and needs clearly. The essay is given strong consideration in the decision-making process.

Letter of Thanks to the Donor(s)

If selected for a scholarship, I agree to write a thank you letter to the donor(s) upon receipt of the award and to attend a school-hosted recognition event with scholarship founders and recipients.

Initial _____ Date _____

Signature

I certify that the above information is accurate to the best of my ability. I authorize the OHSU School of Nursing to release this scholarship application and its contents to the OHSU Foundation outside of the Scholarship Committee in order to determine my eligibility for scholarship.

Signature _____ Date _____

Return to:

OHSU School of Nursing, Office of Admissions, Mail Code SN-ADM, 3455 SW US Veterans Hospital Rd, Portland, OR 97239-2941