

## Scholarship Application

New OHSU Student  Current OHSU Student

**Preferred application deadline March 1** (RN-BS and Community College Transition students April 15)

School of Nursing scholarships are awarded using information provided on this application. Scholarships are typically awarded in the spring and summer months of each year. Students will not be considered for OHSU nursing scholarship funds without this completed application form and essay. Students must be admitted and in good academic standing in order to be considered for a scholarship.

**Full name of applicant:** \_\_\_\_\_ **Social Security no:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **State of residency:** \_\_\_\_\_ **International status:** \_\_\_\_\_

### Academic Information

**Campus (check one):**  Ashland  Klamath Falls  La Grande  Monmouth  Portland  virtual/statewide

**Do you have a bachelor degree in a non-nursing field?**  Yes  No

**If yes, list institution name:** \_\_\_\_\_ **Graduation year:** \_\_\_\_\_ **Final degree GPA:** \_\_\_\_\_

**New students only: Cumulative GPA:** \_\_\_\_\_ **GRE verbal scores:** \_\_\_\_\_ **Quantitative:** \_\_\_\_\_

**Current students only: Cumulative nursing GPA:** \_\_\_\_\_ **Year entered:** \_\_\_\_\_ **Upcoming credit load:** \_\_\_\_\_

**Expected graduation date:** \_\_\_\_\_

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

#### Undergraduate

- BS major in nursing (OCNE)  Accelerated BS major in nursing (ABS)  
 BS for current registered nurses (RNBS)  Community college transition student (OCNE)

#### Graduate degree

- Accelerated BS to Master/Doctoral  Masters  Post-masters Certificate  
 Graduate Certificate  Doctor of Nursing Practice  PhD in Nursing

#### Graduate specialty

- Adult Gerontology CNS  Nurse Anesthesia  Psychiatric Mental Health NP  
 Advanced Practice Gerontology (PMCO)  Nurse Midwifery  Public Health  
 Family Nurse Practitioner  Nursing Education  Other \_\_\_\_\_  
 Health Systems and Organizational Leadership

*Continued*

## Practice Area of Focus

Please check all areas that you are interested in:

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

## Other Personal Information

Please check all that apply to you:     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](http://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 the School of Nursing in the past?**     Yes     No

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

Source or name of award	Amount	Year(s) received

## Ethnicity, Race and Gender

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 ethnicity/race:**

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

**Gender:**     Male     Female

Diverse background is a factor in the allocation in these scholarship funds. In an attempt to better understand the diverse backgrounds of our applicants we ask that you review the following questions and respond to any that relate to your particular experience. These questions are optional and not all questions will apply to all candidates. Please feel free to complete only those portions that are relevant to your particular background. You may use a separate page for your responses if needed.

**Would you identify yourself as being an underrepresented minority? Please explain.**

**Would you identify yourself as being from a small town or an isolated rural area? Please explain.**

**Using the following scale, moderate to severe, how would you describe your economic adversity? Please explain.**

## Scholarship Essay

Please describe how receiving a scholarship would help you obtain your educational and professional goals and how you would use your current knowledge and skills to assist with your nursing career goals. Identify your professional goals and financial need clearly. The essay is given strong consideration in the decision-making process. *Please limit your response to no more than this page.*

## Volunteer/Leadership Experience Statement

Please describe any volunteer and/or leadership experience(s) that you have gained and how those experiences have contributed to your educational goals in nursing. *Please limit your response to no more than three paragraphs.*

## Letter of Thanks to Donor(s)

If selected for a scholarship, I agree to write a thank you letter to the donor(s) upon receipt of the award.

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 OHSU affiliates in order to determine my eligibility for specific scholarship.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Return Application by Mail or E-mail

Please print and mail this application to:  
OHSU School of Nursing,  
Office of Student Affairs, Mail Code SN-ADM  
3455 S.W. US Veterans Hospital Road  
Portland, OR 97239-2941

or E-mail to [proginfo@ohsu.edu](mailto:proginfo@ohsu.edu)