

**SCHOOL OF NURSING**

**UNIFORM SCHOLARSHIP APPLICATION 2017-2018**

**IMPORTANT: Submit ALL required documents in one application packet.**

***Fully admitted nursing students who submit this form will be considered for all forms of financial assistance opportunities as available through the School of Nursing throughout the 2016-2017 academic year. If this form is submitted by the Monday, May 1, 2017 deadline date, students will be considered for all SON scholarships for which they fully qualify as listed on the 2017-2018 School of Nursing Scholarship Criteria document.***

# *Please type or clearly print all responses below. If the space provided in any section is inadequate, you may submit additional pages using the same format. DO NOT repeat information directly reported on this application form. Your name and G# should be included on all supplementary pages attached.*

*In addition to this scholarship application, it is highly recommended that students also complete a free application for Federal Student Aid via the Internet at* [*www.fafsa.ed.gov*](http://www.fafsa.ed.gov) *for the upcoming school year.*

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_G# (last four digits): \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

**What is your School of Nursing Fall 2017 Class Standing (Check one box below):**

**Basic: Please note that Basic BSN students are eligible for SON scholarship consideration beginning Nursing Semester 2.**

#  Nursing Year 1/Semester 2

#  Nursing Year 2/Semester 3 and 4

#  Nursing Year 3/Semester 5 and 6

**Accelerated Second Degree BSN:**

 **WI 17 cohort**

 **SU 17 cohort**

 **FA 17 cohort**

 **RN-BSN or RN-MSN Degree Completion Sequence**

  **MSN**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(city, state, zip code)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OU Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@oakland.edu**

**Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_G#\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

**WORK EXPERIENCE** *Describe your work experience during the past four years. Indicate dates of employment.*

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| --- | --- | --- |
| **Employer** | **Position** | From To  |
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| **POST HIGH SCHOOL EDUCATION** *List any classes or courses completed after high school. It is* **NOT***necessary to list Oakland University coursework and coursework that you have transferred to Oakland.* |
| **Course/class and Institution attended** | **From-Mo/Yr** | **To-Mo/Yr** |
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#### LEADERSHIP ACTIVITIES, AWARDS AND HONORS *List school and community activities in which*

####  *you have participated without pay (volunteer) in the last 4 years*.

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| --- | --- | --- |
| **Activities**  | **Awards** | **Honors** |
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Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ G# \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

HAVE YOU APPLIED FOR OR RECEIVED OTHER SCHOLARSHIPS/or FINANCIAL AID FOR 2017-2018? YES NO *If yes, please list source(s) and amount (s) below.*

|  |  |  |
| --- | --- | --- |
| Scholarship/Financial Aid | Amount $ | Renewable: YES NO |
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 Briefly describe why you feel you should be a scholarship recipient (*i.e. academic record, financial need, meet specific selection criteria*):

Describe how any unusual family or personal circumstances have affected your achievement in school, work experience, or participation in school and/or community activities:

Describe your goals and aspirations as they relate to your educational/career objectives and long-term goals:

Describe any special needs, circumstances or qualifications that have not been covered above:

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ G# \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Check the following required items that must be included with this scholarship application in order to fully meet the scholarship criteria:

 For all scholarships that require demonstrated financial need, it is highly recommended that students also complete a free application for Federal Student Aid via the Internet at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) for the upcoming school year.

The following scholarship awards require a one page statement or essay. Be sure to include your full name, your G#, the title of the scholarship and the title of your statement or essay:

* Required for the Barbara A. Calam Oncology Nursing Endowed Scholarship: a one page statement explaining why you are planning to focus on oncology nursing.
* Required for the Anna M. Huebner Endowed Tuition Award and the Dorothy Price Endowed Nursing Scholarship: a one page essay explaining why you chose the nursing profession as your career.
* Required for Marlene A. Kucinski, RN, BSN and the Diane Norris Memorial Scholarships a statement identifying your non-traditional student connection and plans to work in pediatric nursing after graduation.
* Required for David Brennan Support for Nursing Studies Scholarship, one-page statement detailing financial independence.

Required for ALL scholarships: attach two recommendation forms preferably from School of Nursing faculty or other health care professionals who are able to provide information about your clinical competence, interpersonal skills and leadership potential. Faculty in other subjects related to nursing such as chemistry and biology are acceptable. Students should request a recommendation from those individuals who are most knowledgeable about nursing, the health care industry and/or your qualifications.

Please check all boxes and sign below:

**⁯ I certify that all the information set forth in this application and in the supplementary materials I have included is complete and accurate.**

## ⁯ I authorize the release of the information provided and my related academic history as listed on my Oakland University transcript to official parties for scholarship consideration during the 2017-18 academic year.

⁯ **I understand that scholarship applicants must be in good academic standing and good disciplinary standing at OU and in the School of Nursing. I authorize that my student conduct record be reviewed as part of the selection process.**

**⁯ I authorize the release of my financial need information by the Office of Financial Aid to the School of Nursing.**

# Applicant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***RETURN COMPLETED APPLICATION TO:***

**School of Nursing, Academic Advising**

 **Attn: Scholarships/Heidi Donnelly**

 **433 Meadowbrook Road**

**3027 Human Health Building**

**Rochester, MI 48309**

***DEADLINE DATE IS MONDAY, MAY 1, 2017 for full 2017-2018 scholarship consideration.***

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