



Scholarship Application

Name: _____ Today's Date: _____ Date of Birth: _____

Current Email: _____

Current Address: _____

Permanent Address: _____

University ID #: _____ Primary Phone: _____ Secondary Phone: _____

University:

- HSU
 McM

Gender:

- Male
 Female
 Prefer Not to Answer

Marital Status:

- Single
 Married
 Divorced

Previous Education:

- CNA
 LVN
 LVP
 BSN

Ethnicity:

- African American
 American Indian
 Caucasian- Non-Hispanic
 Hispanic
 Asian/Pacific Islander
 Other

Previous Education Cumulative GPA: _____

Will this be a second degree for you? Yes No

High School Attended: _____

Are you a first-generation college student? Yes No

How many hours per week do you currently work outside the home while in school? _____ hrs/wk

Do you plan to live and practice nursing in West Texas upon graduation? Yes No

** On a separate sheet of paper, please submit with this application a double-spaced essay of why you should be considered for a PHSSN Scholarship. You can include academic achievements, financial need, or anything you'd like us to know about yourself. Each application will be reviewed with complete confidentiality. **

APPLICATION AND ESSAY ARE DUE APRIL 15th, 2024

Please submit to either Ms. McAlister or Mrs. Seca.



The below information must be obtained from your FINANCIAL AID DEPARTMENT:

You are responsible for obtaining the following information from your parent university Financial Aid Office. This information and signature must be completed, or your application will not be accepted.

Will a scholarship have a negative impact on other financial aid for the academic year? _____

Amount of unmet tuition need for 2024-2025 academic year: \$ _____ Total debt to date: \$ _____

Further comments (optional):

Signature of Financial Aid Officer: _____ Date: _____

Student Signature: _____ Date: _____