



NATIONAL PARK COLLEGE  
DIVISION OF NURSING

TO: Nursing Scholarship Applicant

FROM: Student Affairs Committee

PLEASE READ ALL DIRECTIONS CAREFULLY!

In order for the Student Affairs Committee to consider your application for a nursing scholarship, the following must be submitted:

1. A completed **Scholarship Application (three pages and attached letter & references)**
2. A **Letter** about your personal situation (see description on the scholarship application attached)
3. Two letters of reference (may be from an instructor)
4. Your signature on this paper

Please note all nursing students are required to attend “Nursing Honors Day” each spring semester.

The Division of Nursing is fortunate to have several annual scholarships donated by community groups. Some of these groups are interested in applicants’ GPAs and in reading the letter the applicant has written to help them select the recipient of the scholarship. We will release this information to the community scholarship committee if it is requested by them and, if we have your permission. These community committees and/or donors may publish information obtained from your application and letter.

If you receive a scholarship, you will be required to write a “Thank You” letter to your scholarship donor. This letter of appreciation is **expected** to be submitted to the division of nursing within two weeks of notification of the scholarship. Failure to follow through on your expression of thanks is unprofessional and will have consequences.

Please sign this memo as an indication that you have read it and that you give the Student Affairs Committee permission to release your scholarship application, reference letters, and GPA to divisional and private scholarship committees/donor(s).

By submitting this scholarship application, I give my permission for National Park College to use my name, likeness and/or biographical information to any and all media in promotional information such as press releases to local and regional news media and other advertising avenues as deem appropriate by National Park College.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
complete address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
email

Revised (06), 05/10, 9/2015  
Reviewed 5/2011; 4/13; 5/15



NATIONAL PARK COLLEGE  
101 COLLEGE DRIVE  
HOT SPRINGS, AR 71913-9174

Division of Nursing Scholarship Application

Many clubs, civic and professional organizations, business firms, and private individuals fund scholarships for nursing students who attend college. This application is good for two years of nursing education. Please re-submit if changes in personal situation occur. NPC Learning Information System requires a FAFSA (Free Application for Federal Student Aid), please confirm that you have completed a FAFSA form: \_\_\_\_\_ signature denotes that YES, I have completed the FAFSA form.

**Note: Attach a letter about your personal situation** (goals, financial situation, and other considerations to be evaluated). Include any reasons you feel you qualify for a scholarship. If your personal situation **changes**, please **update** your application and submit to the nursing student affairs committee chairperson.

If you have any questions about completing this application, please contact the nursing division. Return this application to Nursing Offices and it will be forwarded to the Division of Nursing Student Affairs Committee. Please complete all information requested.

NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

STUDENT PIN # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ARE YOU EMPLOYED? \_\_\_\_\_ HOURS PER WEEK/RATE \_\_\_\_\_ \$ \_\_\_\_\_

OCCUPATION \_\_\_\_\_

ARE YOU MARRIED? \_\_\_\_\_ ARE YOU A SINGLE PARENT? \_\_\_\_\_

# AND AGES OF DEPENDENT CHILDREN RESIDING IN YOUR HOME \_\_\_\_\_

IN WHAT COUNTY DO YOU RESIDE? \_\_\_\_\_

HOW LONG HAVE YOU BEEN A RESIDENT OF THAT COUNTY? \_\_\_\_\_

HOW LONG HAVE YOU BEEN A RESIDENT OF ARKANSAS? \_\_\_\_\_

EDUCATIONAL GOALS \_\_\_\_\_

MAJOR INTEREST/HOBBIES \_\_\_\_\_

DO YOU RECEIVE PELL \_\_\_ YES \_\_\_ NO

ARE YOU RECEIVING ANY FINANCIAL AID/SCHOLARSHIPS? \_\_\_ YES \_\_\_ NO

IF YES, PLEASE GIVE NAME(S) AND AMOUNT(S) \_\_\_\_\_

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IS THERE AN ORGANIZATION/CLUB THAT IS PAYING OR REIMBURSING YOUR TUITION?

\_\_\_ YES \_\_\_ NO IF YES, NAME AND AMOUNT \_\_\_\_\_

PREVIOUS OR CURRENT HEALTH CARE EXPERIENCE

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PLEASE LIST ALL PREVIOUS EDUCATIONAL AND OTHER WORK EXPERIENCES (Schools, dates, credit hours, degrees, work history)

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Attach Two Letters of Personal References: (must be submitted for consideration)

1. \_\_\_\_\_  
Name Address Phone

2. \_\_\_\_\_  
Name Address Phone

I give my permission for this application to be released to Private donors and Divisional Scholarship selection committees. I acknowledge this permission with my signature.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**\*\*\*Attach letter to application\*\*\***