

NATIONAL PARK COLLEGE
DIVISION OF NURSING AND HEALTH SCIENCES
SCHOLARSHIP APPLICATION

TO: Nursing and Health Science Scholarship Applicant

FROM: Division of Nursing and Health Sciences Scholarship Committee

PLEASE READ ALL DIRECTIONS CAREFULLY!

In order for the Scholarship Committee to consider your application for a Nursing or Health Sciences scholarship, the following **must** be submitted:

1. A completed **Scholarship Application (three pages)**
2. A **Letter** about your personal situation (see description on attached application)
3. Two letters of reference (may come from an instructor)
4. Unofficial College Transcripts
5. Your signature on this form and the completed scholarship application

The Division of Nursing and Health Sciences is fortunate to have annual scholarships donated by many community organizations. Some of these organizations select their recipient based on the applicant's GPA and after reading the applicant's personal letter. We will release this information to the community scholarship committee if it is requested by them and, if we have your permission. Please note 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 the scholarship donor. This letter of appreciation is **expected** to be submitted to the division of nursing and health sciences within two weeks of notification of the scholarship. Failure to follow through on your expression of thanks is unprofessional and will have consequences.

Signing this form indicates that you have read and understand it and that you give the National Park College Scholarship Committee permission to release your scholarship application, personal letter, reference letters, and GPA to divisional and private scholarship committees/donor(s).

You also understand that by submitting this scholarship application, you give your permission for National Park College to use your 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

Student ID#

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Many clubs, civic and professional organizations, business firms, and private individuals fund scholarships for students who attend college. This application is good for two years of Nursing and Health Sciences education. Please re-submit an updated application if changes in your personal or financial status occur. NPC requires a FAFSA (Free Application for Federal Student Aid) be completed for all scholarship applicants, please confirm that you have completed a FAFSA form:

_____ signature denotes that **YES**, I have completed the FAFSA form.

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 it to the Nursing and Health Sciences Scholarship Committee Chairperson via the Division Administrative Assistant.

If you have any questions about completing this application, please contact the administrative assistant in the Division of Nursing and Health Sciences. Return this application to the Division Offices and it will be forwarded to the Division of Nursing and Health Sciences Scholarship Committee. Please **complete all information** requested.

Name _____ Telephone # _____

Address _____ County? _____

How Long Have You Lived There? _____ Student ID # _____ Date of Birth _____

Email Address _____ Enrolled credit hours per semester? _____

High School Attended _____ Graduation Year _____ Med Pro Completer? _____

Employed/Where _____ Hours Per Week/Rate _____ /\$ _____

Gender _____ Are You Married? _____ Single Parent? _____ 1st Generation College Student? _____

Number and Ages of Dependent Children Living in Your Home _____

Program of Study: (circle program) RN PN Respiratory Radiology EMT Paramedic HIT MLT

Year of Expected Graduation? _____ Educational Goals _____

Major Interests/Hobbies _____

Do You Receive PELL? YES NO Amount/Semester \$ _____

Are You Receiving Any Other Financial Aid/Scholarships/Student Loans? _____

If Yes, Please Give Name(s) and Amount(s) _____

Is There an Organization/Club That is Paying or Reimbursing Your Tuition? _____ If Yes, Name and Amount _____

Previous or Current Health Care Experience: _____

Please List All Previous Educational and/or Other Work Experiences (Schools, dates, credit hours, degrees, work history)

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 in its entirety including transcripts, personal essay, and letters of recommendation to be released to Private Donors, College, and Divisional Scholarship selection committees. I also hereby give authorization to the National Park College Financial Aid Office to release my FAFSA information to the College and Divisional Scholarship Committees upon request. I acknowledge this permission with my signature.

Signature of Student Student ID # Date

******Attach Personal letter and Reference Letters to application******

NPC, in compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 Higher Education Act, the Americans with Disabilities Act of 1990, and Section 504 of the Rehabilitation Act of 1973, does not discriminate on the basis of race, color, national origin, sex, or qualified handicap in any of its policies, practices, or procedures. This provision includes but is not limited to admissions, employment, financial aid, and other educational services. Inquiries regarding Title VI should be directed to Human Resources in the Gerald Fisher Building (501-760-4221). Inquiries regarding Title IX, ADA, and Section 504 should be directed to the Vice President for Student Services in the Gerald Fisher Building (501-760-4203).