

**UNIVERSITY OF HOUSTON-VICTORIA
SCHOOL OF NURSING
SCHOLARSHIP APPLICATION**

(Please type information or print legibly using black ink)

Name: _____ Date: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Alternate Phone: () _____

Email Address: _____ UHV Student Id# _____

Place of birth (State and County): _____

Date of birth: _____ Are you a U.S. citizen? Yes No Are you a permanent resident? Yes No

What is your legal state of residency: _____ Do you pay out-of-state fees? Yes No

What is your classification? RN-BSN Second Degree BSN RN-MSN Bridge MSN

Expected graduation date: _____ Campus Victoria Sugar Land Katy Austin

Have you applied for financial aid at UHV? Yes No

If yes, what type of aid did you apply for (check all that apply)?

Grants Scholarships Student Loans Tuition Reimbursement from Employer Other _____

List all types of aid and amounts you have or will be awarded for the academic year:

If MSN-Education student, do you wish to apply for the Nurse Faculty Loan Program? Yes No

Have you submitted the "Free Application for Federal Student Aid Form" (FAFSA) with your most recent income statement? Yes No

Note: To be considered for scholarships that stipulate a financial need you must apply for FAFSA (www.fafsa.ed.gov). If you elect not to apply for FAFSA and there are circumstances the committee should consider in regard to financial need, please complete the following section.

If you believe there are extenuating circumstances that would affect your ability to pay for educational expenses, you may request the Financial Aid Office review your circumstances. A link to the special consideration form is provided for your convenience.
http://www.uhv.edu/ofa/2009_forms/Special_Consideration_Form.pdf

Describe any unusual circumstances that affect you or your family's ability to meet the cost of your education (use additional sheets if necessary): _____

Certification statement: *unsigned and incomplete applications will not be considered.* Information on this application is provided to all UHV scholarship committee members and to private scholarship agencies/donors.

I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge.

Student's Signature: _____ **Date:** _____

Return all Items below in one packet:

- 1. Nursing Scholarship Application
- 2. Resume (Please include career objectives, leadership activities [including academic, community, professional, religious, charity, other], and current place of employment).

Faculty Recommendations

- 3. Scholarship, Leadership and Service (if a current nursing student or Registered Nurse)
- 4. Clinical Experience (if a current nursing student)

to
Financial Aid Office
c/o Eliza Fortner
University of Houston-Victoria
3007 N. Ben Wilson
Victoria, TX 77901

Do Not Write Below This Line-For Office Use Only

GPA: _____ Amount Awarded: _____ Date: _____ Initials: _____

Comments: