



**Roseman University of Health Sciences
College of Nursing Student Scholarship Application**

**SOUTH JORDAN/HENDERSON BSN/ABS
STUDENTS**

**Application Deadline: MUST BE RECEIVED BY 5:00 PM-MST,
Friday, September 22, 2017**

ELIGIBILITY

The applicant must be a student currently enrolled in the Bachelor of Science in Nursing program at Roseman University of Health Sciences.

INSTRUCTIONS

Complete Application Sections 1 through 5.

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ACCEPTED

RETURN THE FOLLOWING COMPLETED APPLICATION TO:

South Jordan Campus
ATTN: Andrea Deus
adeus@roseman.edu
Roseman University of Health Sciences
College of Nursing
10920 S. River Front Parkway
South Jordan, UT 84095

Roseman University of Health Sciences
College of Nursing Student Scholarship Application

SECTION 1: Student ID Number: _____

Please check one. I attend: Henderson _____ South Jordan _____

Cohort: _____ BSN or ABSN

****USE A SEPARATE SHEET OF PAPER TO COMPLETE SECTIONS 2 THROUGH 5. ALL SUBMISSIONS (SECTIONS 2 – 5) MUST BE TYPE-WRITTEN****

SECTION 2: NEED STATEMENT

Provide a personal statement regarding why a scholarship is being requested. (250 word limit)

Note: The student financial aid officer will verify financial need after the scholarship is reviewed by the committee and prior to award. Evaluation is based upon the information from the Free Application for Federal Student Aid (FAFSA) and includes a review of Income, # of family members, how many family members are in school, whether the student is Independent vs. Dependent

SECTION 3: PROFESSIONALISM

Describe a situation in which you provided culturally competent and/or professional care to a client during a clinical rotation. (100 word limit)

SECTION 4: PERSONAL STATEMENT

Provide a personal statement that describes your academic background, professional accomplishments, career goals and purpose for pursuing a Bachelor of Science in Nursing degree. (250 word limit)

SECTION 5: SERVICE TO THE COLLEGE OF NURSING AND/OR COMMUNITY

Describe all service and the impact of the service to Roseman University, and/or the community while enrolled in the nursing program. (Examples include: Student Nurse Association, class leadership, committee participation, fundraising, and community services)

SECTION 6: APPLICANT'S CERTIFICATION

By signing below, I acknowledge that the information contained in this application and all supporting documents are true and accurate to the best of my knowledge.

Student Name (Please Print): _____

Student Signature: _____ **Date:** _____