Roseman University of Health Sciences
College of Nursing Student Scholarship Application

HENDERSON BSN/ABSN STUDENTS

Application Deadline: MUST BE RECEIVED BY 5:00 PM, MARCH 31, 2016

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:

Henderson Campus
ATTN: Denise House, Administrative Assistant to the Dean
Roseman University of Health Sciences
College of Nursing
11 Sunset Way
Henderson NV 89014
Roseman University of Health Sciences
College of Nursing Student Scholarship Application

SECTION 1: Student ID Number: ______________

*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: ______________________