



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

**Application Deadline: MUST BE RECEIVED BY 5:00 PM PST, MARCH 25, 2019**

**ELIGIBILITY**

Applicants must be currently enrolled in the Bachelor of Science in Nursing program at Roseman University of Health Sciences and meet any other eligibility criteria for specific scholarship funds such as demonstrate financial need (as defined by federal financial aid regulations), minimum age, or minimum number of 'terms' completed in the program.

*Note: The Financial Aid Office 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, number of family members, how many family members are in school, and whether the student is Independent vs. Dependent*

**INSTRUCTIONS**

Complete Application Sections 1 through 6.

***\*INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ACCEPTED\****

**RETURN THE COMPLETED APPLICATION VIA EMAIL TO:**

**CONscholarships@roseman.edu**

# Roseman University of Health Sciences

## College of Nursing Student Scholarship Application

SECTION 1: Student Name: \_\_\_\_\_ Campus: \_\_\_\_\_

*\*USE A SEPARATE DOCUMENT TO COMPLETE SECTIONS 2 THROUGH 5.  
ALL SUBMISSIONS MUST BE TYPED\**

### **SECTION 2: NEED STATEMENT**

Provide a personal statement regarding how this scholarship will financially assist you in completing your Bachelor of Science in Nursing at Roseman University. (250 word limit)

### **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 aspirations, and why you decided to become a nurse. (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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_