## SALISBURY UNIVERSITY DEPARTMENT OF NURSING

## Scholarship Application Form

APPLICATION FOR:		Scholarship/Award
NAME:Last	First	MI
ID #:		IVII
PERMANENT ADDRESS:		
LOCAL ADDRESS:		
	(	Local/Cell)
CURRENT EMAIL:		
STUDENT CLASSIFICATION: (as of current Spring semester)	1 <sup>st</sup> degree student Freshman	Current 2 <sup>nd</sup> degree student
	Junior	RN seeking BS Graduate nursing student
		High School senior/incoming freshman
STUDENT STATUS: Full-time		
HIGH SCHOOL ATTENDED & GPA (in	acoming freshmen applicant	ts only):
CURRENT COURSES IN WHICH CUR	RENTLY ENROLLED (Sn	nring semester):
	(ор	
	CDA.	
CURRENT CUMULATIVE COLLEGE	GFA:	
PLACE OF EMPLOYMENT:		