

# COLLEGE OF NURSING

## Application for Scholarship

RETURN WITH REFERENCE TO DR. FOREST DENT SMITH, 6436 FANNIN ST., HOUSTON, TX 70730 OR [FDSMITH@PVAMU.EDU](mailto:FDSMITH@PVAMU.EDU)

Name		Student ID Number	Date of Birth
Mailing Address		County	
City	State	Zip	Phone
PVAMU E-Mail @student.pvamu.edu		<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian	
<input type="checkbox"/> White (Not Hispanic)	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other _____	
Are you a U. S. Citizen?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>OR</b>		If No, of what Country are you a citizen? _____	
Are you admitted as a <i>Resident of TX</i> ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If No, of what State are you a resident? _____	
I am requesting a waiver for Non-Resident Fees		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**ELIGIBILITY:**

**A). Students will be recommended for a nursing scholarship based on funding availability. B). Students eligible for the Nurse Stipend may also be recommended for an Award. Students will receive notifications indicating the status of their application by PVAMU email only.**

1. Must be enrolled **full-time** in the undergraduate BSN Upper Division Clinical Studies Program: (Generic, LVN-BSN, or RN-BSN); or Graduate Program: (MSN-FNP, MSN Nurse Administration, MSN Nurse Education, or Doctor of Nursing Practice).
2. Must meet GPA as designated by the Scholarship.
3. Must submit **ONE** reference form; from a **College of Nursing Faculty member**.
4. Must meet any additional criteria of the scholarship (i.e. show proof of membership in a professional nursing organization and contribution in community service).

**UNDERGRADUATE**

**GRADUATE**

Anticipated Graduation Date (month/year)		GPA (at the end of last semester)
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**CLASSIFICATION**     Generic BSN     LVN-BSN     RN-BSN  
 FNP     Nurse Education     Nurse Administration     Doctorate in Nursing Practice

<b>ORGANIZATION MEMBERSHIP</b>	<b>COMMUNITY INVOLVEMENT</b>

I certify that the information provided on this application is complete and accurate. I understand that providing false, misleading or incomplete information will be the basis for denial or revocation of scholarship funds. I understand that the Office of Student Financial Services reserves the right to modify my award (financial aid/scholarship, etc.) at any time due to changes in my eligibility, enrollment status, housing status, availability of funding; or receipt of any funds not included in my original award.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**SCHOLARSHIP DEADLINES - Check one**

**Summer** (deadline **March 1**)

**Fall** (deadline **March 15**)

**Spring** (deadline **September 1**)