

NURSING SCHOLARSHIP APPLICATION FORM

Only students who are admitted into the NMSU-C Associate degree in nursing program or the NMSU Bachelor degree in nursing program will be considered.

Application Deadline: **June 30th**. Late applications will only be considered if funds are available.

Submit form to: Student Financial Aid, NMSU-C, 1500 University Drive, Carlsbad NM 88220

Please indicate the semesters you plan to attend: Fall (August) Spring (January)

Last Name First Name Middle Initial Banner ID

Mailing address City State Zip Code County State of Legal Residence

Home phone Cell phone email address

Date of High School Graduation: _____ or Date of GED completion: _____

Check one only: I am pursuing LPN RN BSN

Upon graduation, I plan to practice in: _____

How many hours have you completed toward your degree? _____ Anticipated Graduation date: _____

Household size _____ Annual family income \$ _____

Are you interested in a Health Occupation Loan? YES NO

Have you completed the Free Application for Federal Student Aid (FAFSA) form for the upcoming academic year? YES NO

Please indicate any other scholarship or aid that you have been awarded for the upcoming academic year: (WIA, DVR, VA, PELL, etc.)

List any high school or college awards/honors and community service below:

Are you related to any member of the Carlsbad Foundation's Board of Directors or Officers? YES NO
If yes, whom? _____ (A list of board members/officers is available from the Foundation @ 116 S. Canyon)

Please attach all college transcripts and a statement describing your future goals and plans.

Student Certification: The above statements are true and correct to the best of my knowledge and I give consent to release the information concerning my academic and/or financial status to scholarship donors and scholarship selection committee members.

Student signature: _____ Date: _____