Scholarship Application

If you are interested in being considered for scholarship funds that may become available for Millersville University Nursing Students, you must complete the attached form, in its entirety. Please be aware that some scholarships require that certain criteria be met in order to be awarded said scholarship monies (i.e.: financial need, reimbursement availability, living in PA or Lancaster, etc). A FAFSA (current academic year) must be completed with each application in order to be considered for funding. See: http://www.fafsa.ed.gov/. At times, scholarships other than those listed on the application may be available as awarded to Millersville for disbursement.

If you are selected to receive a scholarship/grant award, you will receive a letter from our office that will include enclosures of any forms/requests required for disbursement. Please be sure to complete the appropriate forms sent to you, and a letter of “thank you” to the funding source (the funds are awarded for tuition purposes only – not for child care, books, gas, etc.).

The scholarship funds will not be released until the required forms are returned to the Nursing Office by the deadline indicated in the notification letter. If the necessary forms are not completed and returned in a timely manner, the funds may be redirected. Please be sure that you notify the office that you have indeed received the funds. This will ensure that the process has completed and our records can be updated.

In these difficult economic times, there will be a shortage of funds to come. We will do our best to be fair and equal in disbursements, so that we may provide as much support to our nursing students as possible. If you receive funds, you are expected to complete the semester or the funds will be withdrawn from your account.

Financial Aid http://www.millersville.edu/services/finaid/index.php maintains a local and national database of available scholarships http://www.millersville.edu/services/finaid/grantsscholarship/scholarship_search_databases.php . If I receive information on scholarship opportunities, I will distribute them to all students via email. The nursing faculty select our endowed awards and grants in February for tuition in the current academic year. With this competitive process please complete and submit this application to Nursing office by September 25th to be eligible for any November or February awards.

Thank you and best wishes to you.

Dr. Kelly Kuhns
Dept of Nursing Chair
MILLERSVILLE UNIVERSITY DEPARTMENT OF NURSING
SCHOLARSHIP APPLICATION FOR ACADEMIC YEAR __________________________

Directions: Please send this completed application to the secretary, Department of Nursing, Millersville University P.O. Box 1002, Millersville, PA 17551-0302. Failure to complete this form in its entirety will render you ineligible for consideration to receive scholarship funds. All applicants must complete a FAFSA @ http://www.fafsa.ed.gov/.

Name ______________________________________________________________________________________________________
(Last) (First) (Middle)

Home Address __________________________________________________________________________________________

City _____________________________ State ___________ Zip Code ____________

Email Address _____________________ @ ______________ Area Code/Telephone Number (____) _____ - _______

M#_________________________ Currently enrolled _____ Other Status ______

Program of Study: BSN___ MSN option FNP____ MSN option NE___ Post Masters _____

FT_____ PT_____ GPA _______

Expected enrollment credits for year: FALL________ SPRING ________ SUMMER________

Number of credits remaining to finish the program_________ Anticipated date of graduation ____________

Place of employment __________________________________________ Position _________________________________

Annual Individual Income _____________________ (If married) Annual Family Income __________________

Completed Application for Admission Form Completed FAFSA online (except Luelle Hamilton)

Do you receive any type of tuition reimbursement or stipend? Yes No

If so, please identify the amount of reimbursement ________________________________

* * On a separate sheet of paper please provide a brief statement explaining how the scholarship will help achieve your educational goals. This may be used by the committee to determine eligibility. Basic criteria of the award as indicated in parenthesis below for your use to complete your statement.

For Office Use only:

_____ Forty Et Eight (BSN, MSN, Post Masters Certificate, intent to be active in the practice of nursing, GPA, financial need)

_____ Luelle Hamilton (Masters Degree student, alternative methods of healing** - This must be addressed in the above statement)

_____ Lt. Col. Jo Ann Cashman (GPA, financial need, BSN or MSN student)

_____ Margaret K. Shenk (completed 2 semesters in BSN or MSN program, from Lancaster County, financial need)

_____ Liselotte R. Wehrheim (Eligible applicants (BSN only) are to have unusual or special circumstances affecting the completion of their education, such as simultaneously supporting or caring for his/her parents & children)

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A member of Pennsylvania’s State System of Higher Education
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