



EFC  
GPA  
HRS  
NSG

**APPLICATION FOR SCHOLARSHIPS**

**2011-2012**

Date \_\_\_\_\_

**Please print**

NAME \_\_\_\_\_

Last First MI Former

ADDRESS: \_\_\_\_\_

Number and Street Email address

City State Zip Area Code/Telephone

Student ID #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ SEX: (M) \_\_\_(F) \_\_\_\_\_

HIGH SCHOOL/GED: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

Other College or University Degree (Y/N/Type) From/To GPA

**EMPLOYMENT INFORMATION**

Are you currently employed? Yes \_\_\_ No \_\_\_

Employer: \_\_\_\_\_ Years/Months: \_\_\_\_\_

Will you continue employment while enrolled? Y/N \_\_\_\_\_ If Yes, how many hours per week? \_\_\_\_\_

**DEPENDENT STUDENT**

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**INDEPENDENT STUDENT**

Number of dependent children for whom you are responsible: \_\_\_\_\_ Ages \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

What is your area of interest upon graduation? \_\_\_\_\_

Do you have a relative that graduated from GSC?      Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, who \_\_\_\_\_ Relationship \_\_\_\_\_

Have you previously been awarded any scholarships?      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name and date of Awards \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT:** Please share with the committee why you feel you should be considered for a Scholarship. *(Important - This statement is required in order to be considered).*

GSC offers over 50 various financial awards and scholarships. Please see our Catalog ([www.gscollege.edu](http://www.gscollege.edu)) for a brief description of some awards offered. All Applicants will be selected and reviewed by the Scholarship Committee for all awards. Your submission of this Application to the Admission/Financial Aid Department will insure you being reviewed for all awards offered.

I authorize the Good Samaritan College of Nursing and Health Science to release all necessary information contained in this Application to those individuals required to evaluate and approve this Application for Scholarship.

I understand in order to be considered for a scholarship, I must complete the Free Application for Federal Student Aid (FAFSA) [www.fafsa.ed.gov](http://www.fafsa.ed.gov).

I certify that the information, provided on this form is true and correct. Sign and submit this application to the College of Nursing, Financial Aid Office.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**