



BALL STATE UNIVERSITY NURSING ALUMNI ASSOCIATION SCHOLARSHIPS

GUIDELINES

1. Eligibility: Students must be enrolled in the BSN program and must have completed at least one semester of nursing courses.
2. Please note application deadline listed on scholarship application form.
3. Recipients will be selected one time during the academic year and the awards will be granted for the following Fall Semester. Awards may vary but will not exceed tuition costs. Recipients will be honored at the annual Nursing Alumni Spring Banquet, held the last Saturday in April.
4. A 2.5 grade point average is preferred for consideration.
5. Parameters considered are:
 - A. Extra Curricular Activities
 - B. Involvement in School of Nursing Activities
 - C. Home and Work Responsibilities
 - D. Financial Need
 - E. Scholastic Achievement

SPECIFIC SCHOLARSHIPS

NOTE: All of the above criteria apply in addition to the following:

1. Ada & J. Richard Martin Scholarship: Primary preference shall be given to students from Cass County, Indiana who have a 2.5 grade point average or higher. Secondary preference shall be given to nursing students that are from the State of Indiana.
2. Carolyn Jean Miller Memorial Scholarship: Primary preference shall be given to single-parent nursing students who have at least a 3.0 grade point average. Secondary preference shall be given to non-traditional nursing students based on need and talent.
3. McIntosh-Ross Family Nursing Scholarship: Junior or senior nursing student with a minimum 3.0 grade point average. Preference shall be given to students from Henry, Rush and Montgomery counties and first generation college students.

Additional scholarships are available through the School of Nursing

NURSING ALUMNI SCHOLARSHIP APPLICATION

APPLICATION DEADLINE: FEBRUARY 1

SUBMIT COMPLETED APPLICATION TO: Director, School of Nursing, CN 418

NOTE: Applicants must be enrolled in the BSN program and have completed at least one semester of Nursing courses before February 1.

TODAY'S DATE _____ BSU ID # _____ - _____ - _____

NAME _____
LAST FIRST MIDDLE INITIAL

BIRTH NAME (If Applicable) _____

CAMPUS ADDRESS _____ PHONE _____
STREET ZIP CODE

PERMANENT ADDRESS _____
STREET

CITY COUNTY STATE ZIP CODE

HIGH SCHOOL _____ CITY _____ STATE _____ GRAD DATE _____

OTHER COLLEGES OR UNIVERSITIES ATTENDED AND DATES:

NAME OF INSTITUTION	CITY/STATE	INCLUSIVE DATES (Month / Year)
_____	_____	_____
_____	_____	_____
_____	_____	_____

CLASS STANDING AT TIME OF APPLICATION: Sophomore _____ Junior _____ Senior _____

NURSING PROGRAM HOURS COMPLETED _____

NURSING CLASS CURRENTLY ENROLLED: (Example -- NUR 112, NUR232) _____

OVERALL GRADE POINT AVERAGE _____ (This will be confirmed)

**IN ORDER TO ASSIST THE SCHOLARSHIP SELECTION COMMITTEE
IN REVIEWING YOUR APPLICATION, PLEASE COMPLETE THE INFORMATION
ON THE BACK OF THIS FORM.**

1. Extra Curricular Activities (Include offices held, responsibilities):

2. Involvement in School of Nursing Activities (Include offices held, responsibilities):

3. Home and Work Responsibilities (Include Employer and number of work hours per week):

Dependent(s), If Applicable—Children/Age, Spouse, Other _____

Home _____

Work _____

4. First Generation Student: Yes or No

5. Financial Need (Include descriptions where needed):

Monthly Income \$ _____

Monthly Expenses \$ _____

List sources of income _____

Housing _____

Food _____

Tuition _____

Other _____

PLEASE LIMIT ANY ADDITIONAL INFORMATION TO ONE PAGE

6. Please include any additional information that would be of help to the Scholarship Selection Committee in reviewing your application.

OFFICE USE ONLY

SCHOOL OF NURSING — ELIGIBILITY VERIFICATION REQUIRED

____ Applicant is enrolled in the BSN Program and has completed at least one semester of Nursing courses.

____ Applicant is not enrolled in the BSN Program and has not yet completed at least one semester of Nursing courses.

Signature: Director, School of Nursing _____ Date _____

Nursing Alumni Scholarship (#6350) _____

Ada & J. Richard Martin Scholarship (#6358) _____

Carolyn Jean Miller Memorial Nursing Scholarship (#6362) _____

McIntosh-Ross Family Nursing Scholarship (#6371) _____

Total Award _____