

**Delta State University
School of Nursing
Scholarship Application**

**Available scholarships are listed in the DSU Bulletin
You must fill out a separate application for each scholarship
Two faculty recommendations are required in addition to this application**

NAME OF SCHOLARSHIP _____

NAME _____
(Last) (First) (Middle/Maiden)

Social Security # _____ **Date of Birth** _____

Address _____
(Street) City/State/Zip

Telephone () _____

College Classification: () 1st semester Junior () 2nd semester Junior () 3rd semester Junior
() Senior () RN-BSN () Graduate

GPA: _____

Scholastic or other honors received: _____

Extracurricular activities: _____

Specifically describe the reasons you are applying for this scholarship: _____

I hereby attest that the information on this application is complete and accurate. I also understand that the Delta State University School of Nursing Student Affairs Committee has the right to verify all information.

Applicant's Signature

Date

**PLEASE RETURN THIS APPLICATION TO:
Faculty Secretary
Delta State University School of Nursing
P. O. Box 3343
Cleveland, MS 38733**

**DELTA STATE UNIVERSITY
SCHOOL OF NURSING
FACULTY RECOMMENDATION FORM**

Name of Scholarship or Scholarships: _____

Student's Name: _____

Recommendation:

School of Nursing Faculty Signature

Date

