NATIONAL PARK COLLEGE DIVISION OF NURSING AND HEALTH SCIENCES

TO: Nursing Scholarship Applicant

FROM: Divison of Nursing and Health Sciences Scholarship Committee

PLEASE READ ALL DIRECTIONS CAREFULLY!

In order for the Scholarship Committee to consider your application for a Health Sciences scholarship, the following must be submitted:

- 1. A completed Scholarship Application (three pages)
- 2. A Letter about your personal situation (see description below on application)
- 3. Two letters of reference (may be from an instructor)
- 4. Unofficial College Transcripts
- 5. Your signature on this form and the scholarship application

The Division of Nursing and Health Sciences is fortunate to have several annual scholarships donated by community groups. Some of these groups are interested in applicants' GPAs and in reading the letter the applicant has written to help them select the recipient of the scholarship. We will release this information to the community scholarship committee if it is requested by them and, if we have your permission. These community committees and/or donors may publish information obtained from your application and letter.

If you receive a scholarship, you will be required to write a "Thank You" letter to your scholarship donor. This letter of appreciation is **expected** to be submitted to the division of nursing and health sciences within two weeks of notification of the scholarship. Failure to follow through on your expression of thanks is unprofessional and will have consequences.

Please sign this memo as an indication that you have read it and that you give the Scholarship Committee permission to release your scholarship application, reference letters, and GPA to divisional and private scholarship committees/donor(s).

By submitting this scholarship application, I give my permission for National Park College to use my name, likeness and/or biographical information to any and all media in promotional information such as press releases to local and regional news media and other advertising avenues as deem appropriate by National Park College.

Signature of Student	Date
Print name	-

NATIONAL PARK COLLEGE 101 COLLEGE DRIVE HOT SPRINGS, AR 71913-9174

Division of Nursing and Health Sciences Scholarship Application

scholarships for students wand Health Sciences educa Learning Information Syst	who attend coll tion. Please re em requires a ve completed	rizations, business firms, and private individuals fuege. This application is good for two years of Nursubmit if changes in personal situation occur. NPGFAFSA (Free Application for Federal Student Aid) a FAFSA form: signates FAFSA form.	sing C),
considerations to be evaluated your personal situation cha	nted). Include nges , please <u>u</u>	uation (goals, financial situation, and other any reasons you feel you qualify for a scholarship. update your application and submit to the Nursing Chairperson via the Division Administrative Assistance	and
assistant in the Division of	Nursing and I arded to the D	ng this application, please contact the administrative Health Sciences. Return this application to the Divitivision of Nursing and Health Sciences Scholarshit ion requested.	sion
Name		Telephone Number	
Address			
Student ID Number		Date of Birth	
Email Address		Enrolled credit hours per semester?	
		Graduation Year?	
Are You Employed?	<u>-</u>	Hours Per Week/Rate/\$	
Occupation			
Are You Married?	_ Gender	Are You A Single Parent?	
Number And Ages of Depe	endent Children	n Living in Your Home	
In What County do You Re	side?	How Long Have you Lived There?	
		Educational Goals	

Major Interests/Hobbies			
Do You Receive PELL?	YES	NO	Amount/Semester
Are You Receiving Any Ot	her Financi	al Aid/Scholarships/Student Loans?	YES NO
If Yes, Please Give Names	and Amour	nts	
		Paying or Reimbursing Your Tuition	
Previous or Current Health	Care Expe	rience:	
degrees, work history)		nd Other Work Experiences (Schools	
Attach Two Letters of Person	onal Refere	nces: (must be submitted for consider	ration)
1 Name		Address	Phone
rume		7 Iddiess	Thone
2Name		Address	Phone
Scholarship selection comm Financial Aid Office to rele	nittees. I als ase my FA	on to be released to Private Donors, Con hearby give authorization to the Na FSA information to the College and Edge this permission with my signature.	tional Park College Divisional Scholarship
Signature of Student		Date	

****Attach Personal letter and Reference Letters to application****

NPC, in compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 Higher Education Act, the American with Disabilities Act of 1990, and Section 504 of the Rehabilitation Act of 1973, does not discriminate on the basis of race, color, national origin, sex, or qualified handicap in any of its policies, practices, or procedures. This provision includes but is not limited to admissions, employment, financial aid, and other educational services. Inquiries regarding Title VI should be directed to Human Resources in the Gerald Fisher Building (501-760-4221). Inquiries regarding Title IX, ADA, and Section 504 should be directed to the Vice President for Student Services in the Gerald Fisher Building (501-760-4203).