GUIDELINES FOR NURSING SCHOLARSHIPS

I. Applicants must be enrolled in the School of Nursing at Viterbo University, La Crosse, Wisconsin or the Associate Degree Nursing Program at Western Technical College, La Crosse, Wisconsin.

II. Applicants must have completed a minimum of one semester at Viterbo University, or the equivalent at WTC, to establish an academic standing. Minimum grade point average is 2.75.

III. Recipients of the scholarships will be chosen according to financial need, academic standing and personal goals and interests.

IV. Scholarships from Franciscan Healthcare Auxiliary are to be applied to tuition only.

V. Scholarship recipients must reapply each year.

VI. In case the recipient does not complete the course of study for which the scholarship has been awarded, the Auxiliary has the option to require repayment.

VII. Scholarship students should be freshman, sophomore or junior students.
School Attending: VITERBO UNIVERSITY
Date
Year in School

SCHOLARSHIP APPLICATION

Return to the Secretary of the Nursing Department at your school by March 15, 2014.

(It is MANDATORY to include a copy of your complete college transcript.)

NAME ___________________________ BIRTHDATE ___________ AGE ________

LACROSSE RESIDENT ADDRESS ____________________________________________

E-MAIL ADDRESS __________________________________________________________

CELL PHONE NUMBER ______________________________________________________

HOME or PARENTS’ ADDRESS ______________________________________________

PARENTS’ NAMES AND OCCUPATIONS _________________________________________

BROTHERS AND SISTERS AND AGES _________________________________________

If married student, include spouse’s occupation and dependent(s) ages:

________________________________________________________________________

I. HIGH SCHOOL

A. HIGH SCHOOL ATTENDED (Name and Address) ____________________________

________________________________________________________________________

B. RANK IN GRADUATING CLASS & NUMBER IN CLASS ________________________

C. CUMULATIVE GPA ______________________________________________________

D. EXTRACURRICULAR ACTIVITIES __________________________________________
II. COLLEGE

A. GRADE POINT AVERAGE: CURRENT YEAR

LAST YEAR

(Attach a copy of your complete college transcript.)

B. EXTRACURRICULAR ACTIVITIES

C. CURRENT WORK EXPERIENCE

EMPLOYER CITY POSITION HELD DATES OF EMPLOYMENT

D. CURRENT WORK REFERENCES (Names and Addresses)

E. PERSONAL REFERENCES - 2 (Names and Addresses)
III. FINANCIAL AID

A. CURRENT FINANCIAL AID

TYPE (GRANT or LOAN) AMOUNT--TO BE USED FOR (i.e., Tuition/Books/Fees/Rent):


B. FINANCIAL AID FOR UPCOMING YEAR (Please Be Specific)

TYPE (GRANT or LOAN) AMOUNT----------TO BE USED FOR:


IV. RESUME OF INTERESTS/NEED FOR SCHOLARSHIP/AND FUTURE GOALS -
Attach on separate sheet.

(Please include any information that will help the Scholarship Committee form a decision.)