

## **GUIDELINES FOR NURSING SCHOLARSHIPS**

1. 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.
2. Applicants must be second or third year nursing students at Viterbo University, or completing first year at WTC, to establish an academic standing. Minimum grade point average is 2.75.
3. Recipients of the scholarships will be chosen according to:
  - a. academic standing and personal goals and interests,
  - b. financial need.
4. Scholarships from Franciscan Healthcare Auxiliary are to be applied to tuition only.
5. Scholarship recipients must reapply each year.
6. 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.

School Attending: **VITERBO UNIVERSITY**

Date \_\_\_\_\_

Year in School \_\_\_\_\_

## **SCHOLARSHIP APPLICATION**

Return to the Secretary of the Nursing Department at your school by **March 8, 2021**.

(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):

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**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.)**