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|  | **Graduate Scholarship**  **Application**  **Department of Nursing** |

**DEPARTMENT OF NURSING GRADUATE SCHOLARSHIP POLICIES:**

1. Applications for graduate scholarships must be submitted by:
   1. **July 15** for fall semester
   2. **November 1** for spring semester
   3. **March 15** for summer semester
2. Graduate scholarships are made on a one-semester basis. You will need to re-apply each semester according to posted deadlines if you wish to be considered for a scholarship that semester.
3. **Student Eligibility Requirements:**

* Must be fully accepted into the graduate program
* Must have completed a minimum of 18 credits prior to the award semester
* Must be registered in a minimum of 2 courses for the award semester

**STUDENT INFORMATION:**

Print Name: First Name Last Name

Student ID: GU Student ID #

Address: Street Address, City, State, Zip

Email: Your Zagmail

Phone: (555) 555-5555

Semester Requesting Graduate Scholarship: Choose an item.

Year Requesting Graduate Scholarship: Choose an item.

Number of Classes Enrolled in for Above Semester: Choose an item.

Number of Credits Enrolled in for Above Semester: Choose an item.

Number of Credits (Will Have) Completed by Above Semester: Choose an item.

Have you received a graduate scholarship in the past? Choose an item.

If yes, give semester and year received: Semester YYYY.

**DEGREE:** Choose an item.

Are you receiving any other types of financing assistance? Please list all sources: Click or tap here to enter text.

**ATTACH A COVER LETTER & RESUME**:  Your cover letter should explain why you should receive a scholarship and your current financial situation.  This cover letter must not exceed one page in length and should not exceed two paragraphs.

*I have read the Department of Nursing Graduate Scholarship Policies and agree to the terms. By signing this form, I declare that the information I have provided is true, correct, and complete. If I am awarded a graduate scholarship, I understand that I must be registered for two or more courses each semester I receive it.*

Signature:Click or tap here to enter text. Date: Click or tap to enter a date.

**Please submit application to:** [**NursingGAScholarship@gonzaga.edu**](mailto:NursingGAScholarship@gonzaga.edu)  
Questions? Contact Nursing at 509-313-5542