



National Park Community College
101 College Drive
Hot Springs, Arkansas 71913
(501) 760-4222 or (800) 760-1825

Nursing Division Scholarship Application

PLEASE PRINT OR TYPE

NATIONAL PARK COMMUNITY COLLEGE
DIVISION OF NURSING

TO: Nursing Scholarship Applicant

FROM: Student Affairs Committee

PLEASE READ ALL DIRECTIONS CAREFULLY!

In order for the Student Affairs Committee to consider your application for a nursing scholarship, the following must be submitted:

1. A completed **Scholarship Application (three pages and attached letter & references)**
2. A **Letter** about your personal situation (see description on the scholarship application attached)
3. Letters of reference
4. Your signature on this paper

Please note all nursing students are required to attend “Nursing Honors Day” each spring semester.

The Division of Nursing 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 turned into the division of nursing within two weeks of notification of the scholarship. A sample copy of an appropriate thank you is found on Blackboard or a purchased thank you card would be appropriate. 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 Student Affairs Committee permission to release your scholarship application and GPA to divisional and private scholarship committees/donor(s).

By submitting this scholarship application, I give my permission for National Park Community 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 Community College.

Signature of Student

Date

Print name

Complete address

Phone

E-mail

Revised (06)

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

Division of Nursing Scholarship Application

Many clubs, civic and professional organizations, business firms, and private individuals fund scholarships for nursing students who attend college. This application is good for two years of nursing education. Please re-submit if changes in personal situation occur.

Note: Attach a letter about your personal situation (goals, financial situation, and other considerations to be evaluated). Include any reasons you feel you qualify for a scholarship.

If you have any questions about completing this application, please contact the nursing division. Return this application to Nursing Offices and it will be forwarded to the Division of Nursing Student Affairs Committee.

NAME _____ TELEPHONE # _____

ADDRESS _____

STUDENT PIN # _____ DATE OF BIRTH _____

ARE YOU EMPLOYED? _____ HOURS PER WEEK/RATE _____ \$ _____

OCCUPATION _____

ARE YOU A SINGLE PARENT? Yes No

NUMBER AND AGES OF DEPENDENT CHILDREN RESIDING IN YOUR HOME

IN WHAT COUNTY DO YOU RESIDE? _____

HOW LONG HAVE YOU BEEN A RESIDENT OF THAT COUNTY? _____

HOW LONG HAVE YOU BEEN A RESIDENT OF ARKANSAS? _____

EDUCATIONAL GOALS _____

MAJOR INTEREST/HOBBIES _____

ARE YOU RECEIVING ANY OTHER FINANCIAL AID/SCHOLARSHIPS? YES NO
IF YES, PLEASE GIVE NAME(S) AND AMOUNT(S)

IS THERE AN ORGANIZATION/CLUB THAT IS PAYING OR REIMBURSING YOUR TUITION?
 YES NO IF YES, NAME AND AMOUNT _____

PREVIOUS OR CURRENT HEALTH CARE EXPERIENCE

PLEASE LIST ALL PREVIOUS EDUCATIONAL AND OTHER WORK EXPERIENCES
(Schools, dates, credit hours, degrees, work history)

Attach Two Letters of Personal References:

1. _____
Name Address Phone

2. _____
Name Address Phone

I give my permission for this application to be released to Private and Divisional Scholarship selection committees. I acknowledge this permission with my signature.

Signature of Student

Date

******Attach letter to application******