SCHOOL OF NURSING
SCHOLARSHIP APPLICATION

Scholarship applications are due in the School of Nursing by May 15th to be considered for the following Fall semester.

Please be sure to read the criteria for each scholarship to be sure you are eligible.

Which scholarships are you applying for?

___ Raymond L. Abernathy Graduate Nursing Scholarship
___ Peter Woodhouse Ware Graduate Nursing Scholarship
___ Ayers Hudson Memorial Nursing Scholarship
___ Donna Ayers Memorial Nursing Scholarship
___ Dr. Jeanette C. Bernhardt Merit Scholarship
___ Pansy Tisinger Brown Memorial Nursing Scholarship
___ Carroll-Haralson Medical Alliance Scholarship
___ DeVillier Family Trust Scholarship
___ Jonathan & Larry Grams Memorial Scholarship
___ Larry Grams Memorial Nursing Scholarship (Newnan)
___ Betty Irvine Griffith Memorial Scholarship
___ Ila Mae Gunnell Memorial Scholarship
___ Dr. Claudette Hayes Scholarship Award
___ Carl C. and Judith F. Horvath Memorial Scholarship
___ Jean Aycock McCauley Scholarship
___ James M. Naughton Nursing Scholarship
___ Reynolds Nursing Education Scholarship
___ Ernest M. Sewell Scholarship
___ Arta Mae Whatley Scholarship
___ Lettie Pate Whitehead Foundation Scholarship
___ Bowdon Area Hospital Authority (Applications are in Biology Dept. and are due by March 1st.)

NAME

Student SS# ___________________________ Student ID# ___________________________

Date of Birth ________________ UWG E-Mail address ___________________________

Type of Student (please circle one): Traditional- BSN RN-BSN MSN
(pre-licensure)
PROJECTED GRADUATION DATE: ____________________________

ADDRESS: ____________________________

TELEPHONE ____________________________

Male______ Female______ Age______ Single______ Married______

Race/Ethnic Background

American Indian Asian Black (non-Hispanic) Hispanic
White (non-Hispanic) Other (Specify)

Religious preference: ____________________________

(MUST state religious preference to be eligible for some scholarships)

Number of Children________________________ Ages________________________

Place of Employment________________________

Work Role________________________ Total hours worked per week________________________

Community / Campus

Activiites________________________

In the space provided below, describe your family, work, and financial situations that create the need for scholarship money. Please be specific. You may attach separate pages if necessary.

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

---------------------------------------------------------------DO NOT WRITE BELOW THIS LINE---------------------------------------------------------------

Verbal SAT/ACT_______________ Transfer GPA_________________

Math SAT/ACT_______________ Transfer Hours_________________

Total SAT/ACT_______________ SUWG GPA_________________

Other Scholarships and or Financial Aid including Hope Grant:

_____________________________________________________________________

Financial Need________________________________________
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Mail To:  University of West Georgia,  
School of Nursing  
1601 Maple Street, Carrollton, GA 30118