DEPARTMENT OF NURSING
SCHOLARSHIP APPLICATION

Scholarship applications are due in the Department of Nursing by May 1st to be considered for the following Fall semester.

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

Which scholarships are you applying for?

- Ayers Hudson Memorial Nursing Scholarship
- Donna Ayers Memorial Nursing Scholarship
- Dr. Jeanette C. Bernhardt Merit Scholarship
- Pansy Tisinger Brown Memorial Nursing Scholarship
- DeVillier Family Trust Scholarship
- Betty Irvine Griffith Memorial Scholarship
- Dr. Claudette Hayes Scholarship Award
- Jean Aycock McCauley Scholarship
- Ernest M. Sewell Scholarship
- Arta Mae Whatley Scholarship
- Lettie Pate Whitehead Foundation Scholarship
- Bowdon Area Hospital Authority

PROJECTED GRADUATION DATE: _________________________

NAME________________________________________________SS#_________________

ADDRESS_________________________________________________________________

TELEPHONE (______)_____________________ (_____)________________________

Male______ Female______ Age______ Single______ Married______

Carrollton Student    Dalton Student

Newnan Student    Rome Student
Race/Ethnic Background

______American Indian  ______Asian      ______Black (non-Hispanic)  ______Hispanic
______White (non-Hispanic) ______Other (Specify)

Religious preference (optional): ________________________________________________
  (must state religious preference to be eligible for some scholarships listed)

Number of Children_________________  Ages_____________________

Place of Employment___________________________________________________________

Work Role________________________Total hours worked per week___________

Community / Campus
  Activiites_______________________________________________________________

In general, students must be enrolled full-time (12 hours) to receive a scholarship.
List the number of hours in which you plan to enroll during the following quarters.

FALL__________ SPRING__________ SUMMER__________

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___________________________________________________________

Estimated Financial Contribution:

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Mail To:  University of West Georgia
          Department of Nursing
          1601 Maple Street
          Carrollton, GA 30118