



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 Aycok McCauley 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.)

(please circle one)
Carrollton Student Dalton Student
Newnan Student Rome Student

PROJECTED GRADUATION DATE: \_\_\_\_\_

NAME \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_
(number & street) (city) (county) (state) (zip)

TELEPHONE ( ) \_\_\_\_\_ ( ) \_\_\_\_\_
(home) (work)

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_

**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**