



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

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

**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:** \_\_\_\_\_  
**(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** \_\_\_\_\_

**Estimated Financial Contribution:**

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

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