



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.

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
___ Carroll-Haralson Medical Alliance Nursing 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
School of Nursing
1601 Maple Street
Carrollton, GA 30118