



SCHOOL OF NURSING

## 2009 Scholarships and Awards Application

**\*If you are a recipient of a significant University level scholarship (ie: Chancellor's, President's, etc.), then please do not make application for a School of Nursing Scholarship or Award.**

**Deadline: Thursday, January 14, 2009**

Applying For (check all that apply):

- Ann Heiden Wharton Memorial Nursing Award**
- Pre-Clinical Nursing Student Scholarship**
- Anthony Oliver and Felissa Lashley Award in Nursing**
- Cecil Howard Griffin and Florence Bowmaster Griffin Award**
- Janice M. Bloomfield Memorial Award**
- Roberta Lee MacDonald Dial, RN, BSN Award**
- Rose M. Juhasz, RN Memorial Nursing Scholarship**
- Stacey Jo Probst Memorial Nursing Award**
- Gloria Perry RN-BS Student Achievement Award**
- C. Harold Goddard Scholarship for Nursing**
- Nursing Alumni Heritage Award Scholarship**
- School of Nursing Faculty Scholarship Award**
- Pearl Morgan Award in Pediatric Nursing**
- Shirley Strohmeyer Memorial Nursing Award**
- John Louis Condellone and Flora Burgassi Condellone Award**
- UI Springfield Nursing Award**

Name \_\_\_\_\_

SID \_\_\_\_\_ Current Semester \_\_\_\_\_

Option: \_\_\_BS \_\_\_RN to BS \_\_\_ABS \_\_\_MS

Expected Graduation Date \_\_\_\_\_  
Month/Year

Cumulative GPA \_\_\_\_\_/4.0 (**Semester 1 ABS students: please use  
admitted GPA**)

Nursing GPA \_\_\_\_\_/4.0

Nursing Interest \_\_\_\_\_

Local Address \_\_\_\_\_  
Street City

State ZIP

Local Telephone \_\_\_\_\_

Local Email \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street City

State ZIP

Permanent Telephone \_\_\_\_\_

Permanent Email \_\_\_\_\_

**I grant the Scholarship Committee permission to review my transcripts and records with the Registrar's Office and the Office of Financial Aid to determine my academic standing and financial need.**

**Signature** \_\_\_\_\_

Please list all scholarships/honors/awards you have received at SIUE or elsewhere:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any volunteer community service, extra-curricular activities, or student organization affiliations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the type of position/job you anticipate having after graduation:

\_\_\_\_\_  
\_\_\_\_\_

**Please include the following materials along with your application:**

- One page, double-spaced, 10 pt. font, describing your experiences at the School of Nursing, how you personally reflect award criteria, and your future goals or career plans.
- Two letters of reference.

**Return the application and all materials to:**

School of Nursing Scholarships  
Attn: Karen Montgomery  
Southern Illinois University Edwardsville  
Alumni Hall, Box 1066  
Edwardsville, IL 62026-1066

**Or**

**Return to the reception desk of the School of Nursing (Monday through Friday from 8:00am to 4:30pm).**