# ECU School of Nursing Scholarship Application
## Due Tuesday, October 31, 2023 by 5pm

Please complete this application in its entirety and submit it to the nursing office either in person, via mail, or via email to nurse_sec@ecok.edu.  Any questions, please call 580-559-5434.

Date:_____

| APPLICANT INFORMATION | | |
|---|---|---|
| Name: | Student ID #: | High School: |
| Street Address: | | Apartment/Unit #: |
| City: | State/Zip: | COUNTY: |
| Phone: | E-mail Address: | |

**ACADEMIC INFORMATION:**

Cohort:   ☐ Sophomore    ☐ JR I    ☐ JR II    ☐ SR I    ☐ SR II

| Current GPA: | Expected Graduation Date: |
|---|---|

**CURRENT INVOLVEMENT:** *In a few words, please tell us about your involvement in campus, community or other organizations.* **This is your opportunity to let us know how you contribute to the community.**

Campus Involvement:

Community Involvement:

Other organizational Involvement:

**PERSONAL INFORMATION:** *In no more than 250 words, please tell us more about yourself. You can discuss your short-term and long-term goals, a leadership experience you have had in any area of your life, or any information that you feel would be helpful for the committee to consider.*

**PERSONAL INFORMATION CONT'D:** *In no more than 250 words, please describe any obstacles you have overcome or continue to face. For example, you can discuss how you balance your professional and academic obligations, or how you balance financial needs with the cost of education.*

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application may result in my scholarship being revoked.

Signature: | Date: