

**NURSE SCHOLAR
SCHOLARSHIP PROGRAM**

**Lewis-Clark State College
2010-2011 Application**

APPLICANT DATA

First Name _____ Last Name _____

Local Address _____

City _____ State _____ Zip Code _____

Phone _____ LCMail Address _____

LCSC Student ID # _____

Permanent Address (if different from above) _____

City _____ State _____ Zip Code _____

Are you a citizen of the United States? _____ Permanent Resident? _____

Ethnic Identity (please circle one)

American Indian/Alaskan Native

Hispanic American/Latino

Native American Tribal Affiliation (if applicable) _____

Cumulative High School GPA (if applicable) _____

Cumulative College GPA (if applicable) _____ Cumulative Credits _____

Expected College Graduation Date _____

Nursing Degree Program (please circle one)

Pre Nursing

Practical Nursing

RN to BSN

BSN

Are you accepted into a Nursing Program? _____ Anticipated semester of acceptance _____

Have you completed the Certified Nursing Assistant (CNA) requirement? (please circle one)

Yes

No

Which semester(s) are you applying for scholarship funding? (check all that apply)

Fall 2010 _____

Spring 2011 _____

Will you receive other financial aid or do you have other scholarships or grants? (please specify)

What student clubs/organizations/activities did you participate in during the 2010-2011 year?
