

NURSE SCHOLAR
SCHOLARSHIP PROGRAM
Lewis-Clark State College
2009-2010 Application

Fall DEADLINE: August 19, 2009

APPLICANT DATA

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ e-mail _____

LCSC Student ID # _____

Permanent Address (if different from above) _____

City _____ State _____ Zip _____

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

Nursing Degree Program: BSN RN to BSN Practical Nursing Pre-Nursing (Circle One)

Are you accepted into a nursing program? _____ Anticipated semester of acceptance _____

Have you completed the Certified Nursing Assistant (C.N.A.) requirement: Yes No (Circle One)

Cumulative GPA _____ Cumulative Credits _____

Expected College Graduation Date _____

Ethnic Identity: American Indian/Alaskan Native Hispanic American/Latino (circle one)

Native American Tribal Affiliation (if applicable) _____

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

Fall 2009 _____ Spring 2010 _____

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

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