

## Scholarship Application Form - 2024

Check off the name(s) of the scholarship(s) you are applying for.

Please refer to the **Scholarship Application Process** for the grid with scholarship descriptions and eligibility criteria.

<i>PCS Scholarships</i>	
<p><b>The Norman Knight Nursing Scholarship</b></p> <p><b>The Norman Knight Doctoral Nurse Scholarship Program</b></p> <p><b>The Charlotte and Gil Minor Nursing and Health Professions Scholarship to Advance Workforce Diversity</b></p> <p><b>Pat Olson, RN, Nursing Scholarship</b></p> <p><b>The Ray Eugene and Hannah E. Johnson Scholarship</b></p> <p><b>Cathy Gouzoule Oncology Scholarship</b></p> <p><b>Luella Hamilton Pease Scholarship</b></p>	<p><b>Lori Ankerud Cardiac Nursing Endowed Scholarship Fund</b></p> <p><b>Beatrice E. Taplin Endowed Nursing Scholarship Fund</b></p> <p><b>Jean Ridgway Tienken Class of 1945 Endowed Clinical Scholarship Fund</b></p> <p><b>von Metzsch Scholarship Program</b></p> <hr style="width: 20%; margin: 10px auto;"/> <p style="text-align: center;"><i>Scholarships for Advanced Practice Nursing in Oncology</i></p> <p><b>Regina G. Adams Advanced Nursing Scholarship</b></p> <p><b>Ginger Sutherland Davis, Nursing Scholarship</b></p>

### I. Demographic and Employment Information

Please complete all sections of this application. Incomplete applications will be returned for completion.

<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>
<b>Home Mailing Address:</b>		
<b>Street</b>	<b>City/Town</b>	<b>State      Zip</b>
<b>Home/Cell Tel. #</b>	<b>Work Tel. #</b>	
<b>Email address</b>	<b>Employee I.D. #</b>	
<b>Date of Hire (month/yr)</b>	<b>Current Job Title</b>	
<b>Full-time</b>	<b>Part-time (&gt;= 20 hours)</b>	

**Name of Supervisor/Director**

**Supervisor/Director Work Tel.#**

**Supervisor/Director Department Work Location**

**Building/Floor**

**Office/Suite#**

**Race/Ethnicity:** To be completed by candidates for the Charlotte and Gil Minor Nursing and Health Professions to Advance Diversity. Please check race/ethnicity:

Black/African American      Asian      Hispanic/Latino  
Native Hawaiian or Other Pacific Islander      American Indian      Alaska Native

**Have you ever been a recipient of a PCS Scholarship?**      Yes      No

If yes, please list the following:

Name of scholarship      Year

Name of scholarship      Year

## **II. Academic Information**

**Name of School**

**Date of enrollment (month/year)**      Full-time      Part-time

**Expected date of completion (month/year)**

**Student ID #**

**Degree:**

Associate's Degree      Bachelor's Degree      Master's Degree      Doctorate

**Please print off form and obtain the following signatures:**

## **III. Signatures**

**Applicant**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print

Signature

**Director/Supervisor Endorsement**

Name \_\_\_\_\_ Date: \_\_\_\_\_

Print

Signature