Eligibility: Applicants may be pre-nursing students accepted into the School of Nursing (SON) at MTSU, or currently enrolled nursing students in upper-division School of Nursing at MTSU in the traditional track. Pre-nursing students not accepted into the SON are not eligible. Proof of enrollment will be required at the time of the award. Selection is based on a variety of criteria based upon each donor’s requests. Monies may only be used for tuition, academic fees, and books. Awards will be deposited in the student’s tuition account. Award recipients will be notified by email letter during the Summer semester. Letters will be sent to the mtmail email address indicated on the application.

Please read the application and the directions for each scholarship carefully. Failure to comply will result in disqualification.

1. Complete the entire application. Type or print legibly. Submit the completed form by hand delivery or mail to Attention: B. Puckett, MTSU School of Nursing, 1301 E. Main St., CKNB Room 247A, P.O. Box 81, Murfreesboro, TN 37132.
2. Submit proof of membership in organizations.
3. File current FAFSA application with MTSU Financial Aid Office prior to April 1.
4. If entering the program, submit a letter of acceptance. If you do not receive your acceptance letter from the School of Nursing by April 1, please submit all other required scholarship application paperwork by April 1. Submit a copy of your acceptance letter as soon as possible after you receive it.
5. Applications will be accepted beginning February 1. Deadline is April 1 at 4 p.m. No applications will be accepted after the deadline. If April 1 falls on a Saturday or Sunday, applications will be due the following Monday. ALL paperwork (including faculty recommendation letters) must be turned in together as a packet by the deadline.
6. If there are any questions, please contact: Chairperson of Student Success Committee, MTSU School of Nursing, 1301 E. Main St., P.O. Box 81, Murfreesboro, TN 37132, or telephone (615) 898-2447 to request information from the Student Success Committee.
7. Award winners are encouraged to write notes of gratitude to the donor(s) upon receiving a scholarship.
8. Submit faculty recommendation(s) if required by specific scholarship criteria (see scholarship criteria at http://www.mtsu.edu/nursing/scholarships.php). Copies are also available outside CKNB Room 201. A recommendation letter should specifically state the name of the scholarship it pertains to.
Demographics:

Name (please print)__________________________________________________________

Mailing address ____________________________________________________________

City_________________________ State_________________ Zip________

Permanent (home) address ____________________________________________________

City_________________________ State_________________ Zip________

Phone for notification (____)_________ e-mail ______________@mtmail.mtsu.edu

Student Identification - M# (required) _______________________________________

Date of Birth_____________________ Marital status__________________________

Gender: Male_____  Female_____  Are there other family members attending college? Yes_____  No_____

Are you a member of the Xi Alpha Chapter of Sigma Theta Tau International Honor Society of Nursing? Yes_____  No_____

ACT Score_______  HESI Score_______  Inclusive GPA_________________________

County/State of Primary Grade School attended______________________________

County/State of Junior High & High School attended__________________________

Anticipated date of graduation:  Month__________  Year__________

Number of credit hours enrolled currently_________

Are you a second degree student?  Yes_____, what career?_______________  No_____  

Consent to Release Financial Aid Information:  By signing below, applicant gives permission to the MTSU School of Nursing to obtain information from the MTSU Financial Aid Office regarding his/her financial need status for purposes pertaining to this scholarship application.

Signature:_________________________________________  Date:_________________
**Academic Achievement:**

Academic Awards/Honors: __________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Health Care Work Experience (does not include MTSU School of Nursing clinicals):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**Financial Assistance:**

Have you completed a Free Application for Federal Student Aid (FAFSA)?
Yes _____ No _____; Date submitted ______________________________

Are you receiving tuition assistance from another source?
Yes _____ No _____; Describe source and amount (list all scholarships received & amounts of awards) __________________________________________
______________________________________________________________________________
______________________________________________________________________________

Are you receiving tuition reimbursement from your place of employment?
Yes _____ No _____; Describe ____________________________________________________
______________________________________________________________________________

Place a check mark next to each nursing scholarship for which you are applying:

- Adams Family Foundation Endowed Scholarship in Nursing _____
- Anne B. Selover Loan Fund
- Eileen Marie Mahan Memorial Scholarship _____
- Estate of Eileen Marie Mahan Award _____
- Harry Nunn and Marie Gott Gannaway Nursing Scholarship _____
- Hayden Memorial Nursing Scholarship
- Helen Miles Memorial Scholarship (MTMC Auxiliary) _____
- James Deavours Endowed Scholarship
- James R. Arnhart Endowed Scholarship in Nursing _____
- Katie Lovett Scholar Award
- LaRoche-Murray Endowed Scholarship _____
- Larry & Lyndia McGee Nursing Endowed Scholarship Fund _____
- Mary E. Iles Nursing Scholarship _____
- Mrs. H. Russell (Winnie Walton) Mabry Scholarship
- Murfreesboro Medical Clinic (MMC) / Rachael Yarbrough Jerving Memorial Scholarship _____
- Nellie Tribble Nursing Scholarship Fund
- Richard and Joan Myall Nursing Scholarship _____
- School of Nursing General Scholarship Fund _____
- The Rutherford County Health & Facilities Board Nursing Scholarship Endowment in Memory of Mariluise Baker ______
- Virginia Black Woodfin Memorial Endowed Scholarship _____
**Organization Activities:** Submit proof of membership in **all** organizations listed (e.g. copy of membership card, certificate, letter from the organization, etc.) For each list: Name of Organization, Elected Offices/Appointments, Committees.

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<tr>
<th>Name of Organization</th>
<th>Elected Offices/Appointments</th>
<th>Committees</th>
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**Community Activities:**
For each activity list: Name of Activity, Sponsoring Organization, Date(s) of Service

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<tr>
<th>Name of Activity</th>
<th>Sponsoring Organization</th>
<th>Date(s) of Service</th>
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Briefly describe your professional goals and how this scholarship(s) will help you achieve these goals (less than 250 words).
Accurately list your projected expenses and income resources:
Be sure to include reasonable costs and anticipated income.

Projected Expenses for the Academic Semester
a. tuition, books, fees, supplies $ 
   b. spouse’s/dependent(‘s) tuition 
   c. rent & utilities 
   d. food & household supplies 
   e. clothing, laundry 
   f. transportation 
   g. medical/dental 
   h. other 

Total Expenses: $ 

Student/Spouse/Parent Resources/Income for the Academic Semester
a. student wages, tips $ 
   b. spouse wages, tips 
   c. other income 
   d. financial assistance 
      * parent contribution 
      * grants/scholarships 
      * loans 
      * GI benefits 
      * Social Security benefits 
      * other 

Total Resources: $ 

Student Success Committee
Rev. 2/7/18