SCHOOL OF NURSING GRADUATE SCHOLARSHIP POLICIES:

1. Applications for graduate scholarships should be submitted by:
   a. September 1st for fall semester
   b. November 1st for spring semester
   c. March 15th for summer semester

2. Graduate scholarships are made on a one-semester basis. You will need to re-apply for a scholarship each semester according to posted deadlines.

3. Students must be fully accepted into the graduate program and enrolled to qualify for any fall, spring or summer graduate scholarship. Students must be fully accepted into a program before summer in order to be eligible for summer graduate scholarship.

4. Graduate scholarship recipients are expected to register as full-time students (6 credits) per semester in order to remain eligible for a summer scholarship.

STUDENT INFORMATION:

Print Name: ___________________________________________ Student ID/SSN ______________________

Address: ____________________________________________________________________________

Email: ___________________________________________ Phone: ________________________________

Graduate Program Enrolled in: __________________________________________________________________

Term Requesting Graduate Scholarship: _________________________ Enrolled Credits: ________________

Have you received a graduate scholarship in the past? □ Yes □ No

   If yes, give semester and year received ______________________________________________________

DEGREE:

□ Master of Science in Nursing (MSN) Students (please check track below):

   ___ Nurse Educator (NE)
   ___ Psychiatric Mental Health Nurse Practitioner (PMH)
   ___ Family Nurse Practitioner (FNP)
   ___ Adult/Geriatric Nurse Practitioner
   ___ Health Systems Leadership (HSL)

□ Doctor of Nursing Practice (DNP)
Are you receiving any other types of financing assistance? Please list all sources:

________________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

ATTACH A COVER LETTER & RESUME: Your cover letter should explain why you should receive a scholarship and your current financial situation. This cover letter must not exceed one page in length and should not exceed two paragraphs.

I have read the School of Nursing Graduate Scholarship Policies and agree to the terms. By signing this form I declare that the information provided is true, correct and complete. If I am awarded a graduate scholarship, I understand that I must be a full-time student during Fall, Spring, and Summer terms.

Signature _______________________________________________ Date __________________________

Please submit application to:  NursingGAScholarship@gonzaga.edu

Questions? Contact Molly Wood: 509-313-6640

NOTE: You must apply for a Graduate Scholarship each semester.