

College of Nursing

Scholarship Application

This application must be typed & printed and must be received by April 1. Applications will not be accepted via e-mail or fax.

IMPORTANT! This application is used to apply for scholarships within the College of Nursing and is **only** for the following groups of students:

- All graduate students (any graduate nursing program)
- Newly admitted Accelerated BSN (ABSN) students
- Newly admitted RN-to-BSN students
- Current UTK undergraduate students transferring to the nursing major

Note: **Continuing undergraduate students** (in any undergraduate BSN program track) must complete the online "Continuing Undergraduate Student Scholarship Application" by February 1. This application is available through the "MyUTK" student web site under the section "UTK Financial Aid Links." Applications will not be received for consideration after February 1.

To apply for College of Nursing scholarships, newly admitted ABSN and RN-to-BSN students, as well as newly admitted and continuing graduate students, must download and complete this scholarship application and mail it to:

UTK College of Nursing
Scholarship Committee
1200 Volunteer Boulevard
Knoxville, TN 37996

This application must be received by April 1. Applications received after April 1 will not be considered. **Applications will NOT be accepted via e-mail or fax.**

All students applying for need-based scholarships are also required to complete the [Free Application for Federal Student Aid \(FAFSA\)](#). The Federal School Code for UTK is 003530. More information about completing the FAFSA can be obtained through the [UTK Office of Financial Aid](#).

Please be sure to complete all applicable sections of this application. Incomplete applications will not be given priority consideration during the scholarship selection process.

*** Required**

Please select the program in which you will be enrolled in 2016-2017 academic year:

Current Status:

What is your projected semester and year of graduation?

UT Student ID #

Are you in ROTC?

This application is based upon

Prefix

First Name:

Last Name:

Permanent Home Address

City

State

Zip

UT E-mail

Phone Number

County and State of high school where you graduated:

This form serves as your application for various College of Nursing scholarships; however, if you would like to apply for a specific scholarship, please list the names of the awards here:

List any scholarships you received during the 2015-2016 academic year: (include amount of each scholarship)

List any scholarships you have been awarded for the 2016-2017 academic year: (include amounts of each scholarship)

Advisor or other faculty member who is acquainted with you:

Name:

School:

Address:

City:

State:

Zip:

E-mail:

Telephone:

Please provide a **personal statement** with general information about yourself, your background, educational goals, professional aspirations, interests and the reasons you are applying for a scholarship. Also provide other such information that will be of benefit to the Scholarship Committee, including a statement concerning your financial need or special circumstances, if applicable. **You must only use the space provided below.**

Personal Statement

Please provide information regarding your **work experience**, including employer name(s), position title(s), responsibilities, and any other relevant information for both part-time and full-time employment.

Work Experience

Please provide information regarding your **educational history**, including previously earned degrees and any courses or coursework which you found especially valuable or relevant to your educational goals.

Education

Please provide information regarding any **honors and activities** of which you have been a part.

Honors and Activities

Please provide information regarding any **additional skills** that have not been referenced, but that you feel are related to your educational goals.

Skills

Please provide contact information on individuals who are familiar with you personally, or professionally, and may provide a **reference** on your behalf.

References

Are you currently working in a health care agency?

Yes

No

If yes, please give the name of agency and description of duties:

Health care areas of interest: Check all that apply

Adult Health
Medical/Surgical
Neonatal
ER/Trauma
International
Orthopedic
Hospice/Pallative Care
Mental Health
Pediatrics
Oncology
Community Health
Critical Care
Maternal/Family Health
Other

Roles of interest: Check all that apply

Staff Nurse
Nurse Manager
Clinical Nurse Specialist
Nurse Midwife
Nurse Educator
Office Nurse
Nurse Practitioner
Nurse Anesthetist
Nurse Researcher
Other

Describe your post-graduate plans

How would your life be improved by receiving a scholarship?

Are you a single parent?

Yes

No

Are you or have you been involved with the Boy Scouts of America in the East Tennessee area and have earned either your Life or Eagle Award?

Yes

No

Are you or have you been involved with the Girl Scouts of America in the East Tennessee area and have earned your Silver or Gold Award?

Yes

No

Please describe any nursing related leadership activities in which you participate:

Please describe community service accomplishments and list contact persons to provide references for each.

If you wish to apply for the Dr. Sylvia E. Hart Nursing Scholarship, please provide an essay in the space below that includes a statement of personal philosophy of nursing, career aspirations and hopes and dreams for the nursing profession.

Are you a current resident of Sevier or Cocke Counties in Tennessee and have lived there for at least 10 years?

Yes

No

Are you a graduate of a historically Black institution?

Yes

No

Are you a participant in the Peace Corp Cordell Fellows Program?

Yes

No

Are you currently working to help pay for your education?

Yes

No

Are you related by blood or marriage to an officer or director of the University of Tennessee or to any member of the Scholarship Selection Committee and any person who is a "disqualified person" within the meaning of Section 4946 of the Code* and are not eligible to be recipients?

Yes

No

Are you from the Appalachian regions of Tennessee, North Carolina, Kentucky, or Georgia?

Yes

No

The University of Tennessee is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA institution in the provision of its education and employment programs and services. All qualified applicants will receive equal consideration for employment without regard to race, color, national origin, religion, sex, pregnancy, marital status, sexual orientation, gender identity, age, physical or mental disability, or covered veteran status.

During the Fall semester, the UTK College of Nursing hosts a scholarship banquet to present scholarship awards to recipients. We invite the donors to attend the banquet so they may meet the recipients of their scholarships. It is mandatory that each scholarship recipient attends the scholarship banquet on Tuesday, August 23, 2016 at 6:00 pm. Location is TBA.

I agree to attend the banquet on Tuesday, August 23, 2016 if I am selected for a scholarship.

Each scholarship recipient is required to mail a letter of appreciation to the donor providing the scholarship.

I agree to write and send a letter of appreciation if I am selected for a scholarship

By submitting this application, you are affirming that you have completed this form accurately, to the best of your knowledge. Deliberate misstatement of information on this application is grounds for immediate revocation of the scholarship. In addition, such behavior may result in further penalties from the University of Tennessee, Knoxville College of Nursing and/or the University of Tennessee.

I understand

I understand that this application form must be typed (hand-written applications will not be accepted).

I understand

I understand that this application must be received by the College of Nursing by April 1 and will not be accepted via e-mail or fax.

I understand

**Please mail completed application to:
UTK College of Nursing, Scholarship Committee, 1200 Volunteer Blvd. Knoxville, TN 37996**

Applicant Signature

Date