

## Application Procedure

- Complete all sections of the College of Nursing Scholarship Application form.
- Submit the completed application to the Dean's Office, 301 College of Nursing Building, on or before **April 1<sup>st</sup>** of each year.

### SECTION 1-DEMOGRAPHIC DATA

Name: \_\_\_\_\_ UT Student ID Number: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_  
(house number and street)

\_\_\_\_\_  
(city, state zip)

How long have you lived at this address? \_\_\_\_\_

Student Address (where you reside as a UT student):

\_\_\_\_\_  
(house number, dorm room or apt number, street)

\_\_\_\_\_  
(city, state zip)

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name and location of high school where you graduated:

\_\_\_\_\_

Please check the program you are currently enrolled:

RN to BSN

BSN

Junior

Senior

MES

MSN

Ph.D.

When do you expect to graduate? \_\_\_\_\_

Are you currently working or volunteering in a health care agency?

If yes, please name the place and describe what you do there.

**SECTION 2- In the space below, please write the names of the specific scholarships for which you think you may be eligible:**

\_\_\_\_\_

\_\_\_\_\_

**SECTION 3-EVIDENCE OF FINANCIAL NEED**

Are you receiving any current financial aid from the University?

YES

NO (if no, proceed to Section 3 of this application)

**VERY IMPORTANT: Remember that if you are already receiving financial aid from the University Financial Aid Office, any monetary award could be offset by a reduction in your loans or other awards. You cannot receive more than your calculated level of need. (see above)**

List any current financial aid:

Type

Amount

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total amount of financial aid for which you are approved (if applicable): \_\_\_\_\_

List any financial aid previously received from the College of Nursing:

Date \_\_\_\_\_ Amount \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_

**SECTION 4-CURRENT RESOURCES**

**(if you are receiving aid from the UT Financial Aid Office, skip sections 4&5 and proceed to section 6)**

Financial Source

Totals

Savings \_\_\_\_\_ total: \_\_\_\_\_

Employment income (monthly income X 4 months) total: \_\_\_\_\_

Loans \_\_\_\_\_ total: \_\_\_\_\_

Scholarships \_\_\_\_\_ total: \_\_\_\_\_

Traineeships \_\_\_\_\_ total: \_\_\_\_\_

Family contribution (per semester) \_\_\_\_\_ total: \_\_\_\_\_

Other income \_\_\_\_\_ total: \_\_\_\_\_

**TOTAL CURRENT RESOURCES: \_\_\_\_\_**

**SECTION 5-SEMESTER EXPENSES**

**Usual Expenses**

- 1. Tuition and fees \_\_\_\_\_ total: \_\_\_\_\_
- 2. Books/uniforms \_\_\_\_\_ total: \_\_\_\_\_
- 3. Rent/housing/month \_\_\_\_\_ total: \_\_\_\_\_

**Subtotal A (add lines 1-3):** \_\_\_\_\_

- 4. Utilities/month \_\_\_\_\_ total: \_\_\_\_\_  
(Include electricity, gas, phone)

- 5. Food/month \_\_\_\_\_ total: \_\_\_\_\_

- 6. Medical/month \_\_\_\_\_ total: \_\_\_\_\_  
(Include insurance & out-of-pocket expenses)

- 7. Transportation \_\_\_\_\_ total: \_\_\_\_\_ (Car  
payment/gas/monthly amount of auto insurance)

- 8. Miscellaneous **monthly** expenses (such as childcare, computer service payments, credit  
card debt, etc.; explain on back as needed) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
total: \_\_\_\_\_

**Subtotal B (add lines 4-8):** \_\_\_\_\_

**X4**

**Subtotal C:** \_\_\_\_\_

**Add Subtotal A:** \_\_\_\_\_

**TOTAL USUAL CURRENT EXPENSES**

**Subtotal D:** \_\_\_\_\_

**Unusual Expenses**

List any unexpected or unusual expenses such as emergency travel, automobile or  
computer repairs, etc...(The selection committee may request documentation):

- 9. \_\_\_\_\_ total: \_\_\_\_\_
- 10. \_\_\_\_\_ total: \_\_\_\_\_
- 11. \_\_\_\_\_ total: \_\_\_\_\_
- 12. \_\_\_\_\_ total: \_\_\_\_\_

**Subtotal E (add lines 9-12):** \_\_\_\_\_

**Add Subtotal D:** \_\_\_\_\_

**TOTAL EXPENSES:** \_\_\_\_\_

You may send documentation that would help establish your case. This could include pay  
statements, bank statements, rent agreements, insurance bills etc. SEND COPIES ONLY:  
PLEASE KEEP ORIGINALS



