



# DIXIE STATE COLLEGE NURSING PROGRAM

## BAMBERGER SCHOLARSHIP APPLICATION

**BEFORE COMPLETING THIS APPLICATION, PLEASE READ THE FOLLOWING:**

- You must be a full-time undergraduate nursing student at DSC

### PART I

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate/Cell Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_ DSC ID# \_\_\_\_\_

### PART II

**ESSAY QUESTION:** Write an essay that describes how you plan to cultivate new frontiers as a professional nurse through

- Promotion of nursing practice
- Current interactions with peers
- Excellence in academia and
- Service in the community at large.

**The essay should be type written using standard font. Attach it to the application.**

I understand that by completing this application, I will be considered for a Nursing Scholarship at DSC and that I am not guaranteed a scholarship.

I have read the instructions and certify that the above information provided in this application is true and correct to the best of my knowledge. I also declare that while in the Nursing Program at Dixie State College, I will abide by the academic, scholastic and social standards of the Nursing Department and College. A student found guilty of non-disclosure or misrepresentation in completing this form will be subject to disciplinary action, loss of scholarship and/or dismissal from the Nursing Department and College.

I hereby authorize the Dixie State College Financial Aid office to release financial aid information and GPA to the Nursing Scholarship Committee for consideration of other scholarship opportunities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Application Completion Checklist:**

- Application form completed & signed
- Essay question attached to the application form
- Submitted by deadline: **April 15th**

**Submit the completed application in 1 of 3 ways**

**FAX to:** (435) 879-4829 and make it to the attention of the Scholarship Committee **OR**

**Mail to:** Nursing Scholarship Committee

Nursing Department

Taylor Health Science Building #303

225 South 700 East

St. George, UT 84770 **OR**

**Drop it:** off at the Secretaries office in the Taylor Health Science Building Office # 303