



# DIXIE STATE COLLEGE NURSING PROGRAM

## SCHOLARSHIP APPLICATION

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

- You must be a full-time undergraduate nursing student at DSC
  - Scholarship awards are determined based on availability of funds
  - You must fill out the FAFSA form at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) & submit to the Financial Aid Office at DSC
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### 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# \_\_\_\_\_

Application: New Fall Student \_\_\_\_\_ New Spring Student \_\_\_\_\_

Continuing Student (Semester in Program): 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

### PART II

Are you currently receiving other scholarships from Dixie State College? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a legal resident of Utah? Yes \_\_\_\_\_ No \_\_\_\_\_ State of residency: \_\_\_\_\_

Are you the dependant of a full time DSC Employee? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Employee: \_\_\_\_\_ Department: \_\_\_\_\_

Do you receive tuition assistance from Rehab, JTPA or any other State Agency? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of agency: \_\_\_\_\_ Contact person: \_\_\_\_\_

Are you over the age of 24? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you married? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a Single Parent? Yes \_\_\_\_\_ No \_\_\_\_\_ Ages of Dependent Children \_\_\_\_\_

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:**

- FAFSA online form completed & submitted to DSC Financial Aid Office
- Application form completed & signed
  - o 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