

Graduate Nursing Scholarship Application

UIC College of Nursing scholarship applications are evaluated on the basis of financial need, academic achievement, and leadership. A complete list of scholarships with award criteria can be found on the College of Nursing website. Complete applications should be mailed to University of Illinois at Chicago, College of Nursing (M/C 802), Scholarship Committee, Office of Academic Programs, Room 138, 845 South Damen Avenue, Chicago IL 60612. **Application deadline is March 1. You must be a degree-seeking student to be eligible for financial assistance. Be sure to provide a response to all questions—incomplete applications will not be considered.**

IMPORTANT: In order to be considered for College of Nursing scholarships, you must file a FAFSA (Free Application for Federal Student Aid) form with the UIC Office of Financial Aid by the priority application deadline of March 1 and submit a copy of your SAR (Student Aid Report) with this scholarship application. International students are not required to file a FAFSA but need to submit the Supplemental Form on page 5.

Please indicate the date that you filed your FAFSA: _____.

Personal Information

Name (Last)			(First)	(Middle)
Former/Maiden		Date of Birth (Mo/Day/Yr)		
Current Address		City	State	Zip Code
Permanent Address		City	State	Zip Code
Daytime Phone	Evening Phone	Email Address		

UIN (if assigned): _____

Immigration Status (circle one): U.S. Citizen | Permanent Resident | International Student/Non-Citizen

Are you considered an Illinois resident for tuition purposes? (circle one): Yes | No

The following information is optional; however, eligibility for some scholarships may depend on this information:

Ethnic origin (circle one): Native American or Alaskan | Asian or Pacific Islander | Hispanic

African American (not of Hispanic origin) | White (not of Hispanic origin) | Other: _____

Marital Status (circle one): Married | Single/Divorced/Widowed Veteran (circle one): Yes | No

Gender (circle one): Male | Female

Program Information

Campus (circle one): Chicago | Peoria | Rockford | Urbana | Quad Cities

When did/will you begin classes at the College of Nursing? _____

Anticipated graduation date: _____

Program (circle one): Graduate Entry Program. What is your specialty? _____

Master's. What is your specialty? _____

Doctorate of Nursing Practice. Who is your academic advisor? _____

PhD. Who is your academic advisor? _____

Please indicate the terms you wish to apply for scholarship funding by indicating the anticipated credit hour load each term:

Summer 2007 _____ Fall 2007 _____ Spring 2008 _____ Summer 2008 _____

If you plan to enroll part-time: Some scholarships and forms of support require full-time registration (9 + or 12+ hours/semester, depending on source of support). If you received such a scholarship, would you enroll full-time? Yes | No

Employment and Financial Resources

Will you be employed during the academic year? Full-time | Part-time | Not employed

Name of Facility: _____ Position: _____

Annual salary: _____

Are you eligible to receive tuition reimbursement through your employer? Yes | No

If yes, please indicate the % or \$ amount: _____

Will you need Student Health Insurance during the year? Yes | No

Do you plan to apply for a graduate teaching or research assistantship for the coming academic year? Yes | No

If yes, please list term(s): _____

(Note: Holding an assistantship does not automatically exclude you from receiving a scholarship or traineeship.)

Are you currently working in a Medically Underserved Community? Yes | No

If so, where? _____

Are you willing to work in a Medically Underserved Community upon graduation from UIC College of Nursing?

Yes | No

Have you ever received an Advanced Education Nurse Traineeship award from any College or University?

Yes | No

If yes, please indicate the academic terms/year that you received the award:

Term/year _____ Term/year _____ Term/year _____ Term/year _____

Please list the amount and type of financial aid (grants, loans, scholarships, assistantships, traineeships) that have been awarded to you from any source since enrolling in the graduate program. Please include the dates of the awards:

Type of Aid	Amount	Dates

Statement of Financial Need

Please use this worksheet as an estimate of anticipated expenses as an informal document only. Please do not spend more than 5-10 minutes working on this data.

	Monthly \$ Expense
Rent/Mortgage:	\$ _____
Utilities:	_____
Telephone:	_____
Auto loans:	_____
Education loans:	_____
Auto insurance:	_____
Health insurance:	_____
Groceries:	_____
Child care:	_____
Commuting:	_____
Professional dues:	_____
Prescriptions and other health expense:	_____
Other: _____	_____
Total monthly expenses:	\$ _____

Adjusted Gross Income (AGR) from previous year's 1040: _____

Number of people supported by household income (including yourself): _____

Number of household family members (parents, siblings, children, spouses) currently attending college (including yourself): _____

What else you would like the committee to know to help evaluate your financial need?

Academic Achievement, Leadership Activities, and Community Service

Please list any academic honors or awards you have received in the last **4 years**.

Honor/Award	Dates

Please identify any leadership roles that you have held in your community, school or job in the last **4 years**.

Role/Title	Organization	Dates	Time commitment per week

Please list any service to your profession, school, or community that you have performed in the last **4 years** (excluding information provided above).

Role/Title	Organization	Dates	Time commitment per week

I hereby certify that the information I have provided in this application is complete and true to the best of my knowledge and belief. I will notify the Office of Academic Programs of any change in student status or credit load. I understand that furnishing false information may result in revocation of my award.

Signature _____ Date Completed _____

Supplemental Form for International Students

Your name: _____

Income, Assets, and Other Sources of Funding. (Note: If you are married, report income and assets of you and your spouse. If you are a dependent, report income and assets of you and your parents.)

Income from previous year	\$ _____
Current balance of cash, savings, and checking accounts	_____
Net worth of investments (do not include your home)	_____
Net worth of businesses and farms	_____
Anticipated scholarships, fellowships, or educational benefits	_____
 Total	 \$ _____