

APPLICATION
FOR
DEPARTMENTAL SCHOLARSHIP

Print Legibly

1. Name _____ T# _____

2. Current Status: Upper Division Level : _____
Or the Number of Semester Hours Completed _____

3. Current GPA: _____

4. Do you work? Yes _____ No _____

If Yes:

Full-time: _____

Part-time: _____

Number of hours per week: _____

Employer: _____

5. Other scholarships/grants/loans now receiving:

_____	\$ _____
NAME	AMOUNT
_____	\$ _____
NAME	AMOUNT

6. Scholarships applying for (check all eligible for):

- ___ Balkman Nursing Endowment
- ___ St. Mary's Medical Staff Scholarship (Level 3 only)
- ___ Thrasher, Charles and Hazel Memorial
- ___ Wilkins, Charles and Joyce Nursing Scholarship
- ___ Yell County Medical Scholarship

Write on back or attach any special circumstances or any other information you wish to be considered.

Signature: _____ Date: _____