

**WASHBURN UNIVERSITY  
SCHOOL OF NURSING**

**Graduate Student Application  
Nursing Endowed Scholarship**

For Official Use Only:

Fund Number: \_\_\_\_\_

Fund Name: \_\_\_\_\_

Amount: \_\_\_\_\_

**Application Deadline: January 1<sup>st</sup>-February 15<sup>th</sup>**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**WU ID #** \_\_\_\_\_ **(required)**

**Full-Time Student**

**Part-Time Student**

**Check program of study:**  **Clinical Nurse Leader**  
 **DNP**  
 **Post Master's Psychiatric Mental Health Nurse  
Practitioner**

**List current enrollment of courses:**

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

**Name of High School graduated from:**

\_\_\_\_\_

**County of permanent residence:**

\_\_\_\_\_

**Are you a veteran of military service?** \_\_\_\_\_ **yes** \_\_\_\_\_ **no**

**(over→)**

**Please describe your nursing goals following graduation. Please provide specific career interests.**