



RN-BSN STUDENT SCHOLARSHIP APPLICATION

OFFICE USE ONLY – DO NOT WRITE IN THIS SECTION

Fund Number: _____ Fund Name: _____
Amount Awarded: _____ Approved By: _____

By submitting this application, you are allowing Washburn University School of Nursing to review this information for scholarship support.

Full Name: _____ WU ID or SSN: _____

Mailing Address: _____

City, State, Zip & County: _____

WU Email: _____

Phone: Home: _____ Cell: _____

Cumulative GPA: _____ Nursing GPA: _____

Are you currently employed? Yes _____ No _____

If Yes, Where & What Department: _____

ADN program attended: _____

ESSAY SUBMISSION

Your essay should not exceed 500 words, fit on one page, and be single-spaced on a separate sheet. Please address the following:

- Financial Need: Reflect on your current financial situation and indicate barriers you face.
- Academic Goals & Interests: Briefly discuss your future goals, relevant community service experiences, and how you plan to contribute to the profession of nursing.

I certify all of the information on this application to be true and complete to the best of my knowledge.

Signature of Applicant

Date

Completed form may be submitted by mail, email or fax:

Mail: RNBSN Admissions | Washburn University School of Nursing | 1700 SW College Ave. | Topeka, KS. 66621-1117

Fax: 785-670-1032 | Attention: RNBSN Director

Email: rnbsn@washburn.edu