WESTERN MICHIGAN UNIVERSITY
Bronson School of Nursing
2015-2016 Scholarship Application Form
DUE DATE: February 1, 2015

Name: ___________________________ WIN #: ___________________________

Home Address: ___________________________ Phone #: (____) ___________

City: ___________________________ State: ___________ Zip Code: ___________

Email Address: ___________________________

Name/County/State of high school from which you graduated: ___________________________

Scholarships:
Please check only the scholarships for which you meet the qualifications to apply: *

☐ Alumni Assoc. Bronson Methodist Hospital School of Nursing
☐ Loren E. and Nellie M. Clark Scholarship
☐ Anastasia E. Schauer Memorial Scholarship
☐ Marie F. Gates Scholarship
☐ Borgess Excellence in Nursing Scholarship
☐ Nicole Jennings Scholarship in Nursing
☐ Bronson Health Foundation Scholarship
☐ Rosalie Clauwaert Lloyd Memorial
☐ June M. Sherman Spirit of Life Scholarship
☐ Sidney J. and Sharie L. Falan Scholarship **
☐ Lessie Mae Terrell Scholarship
☐ Theodore and Hazel Perg Scholarship
☐ Lois L. Richmond Scholarship

*Selecting scholarships for which you are ineligible may result in a loss of scholarship monies
**Essay required

Current Program:
☐ Pre-Nursing ☐ Traditional BSN ☐ RN-BSN Progression Track ☐ MSN Graduate Student

Estimated planned enrollment (indicate # of credit hours) for 2015-2016:

--- Summer II 2015 --- Fall 2015 --- Spring 2016 --- Summer I 2016
(# cr hrs) (# cr hrs) (# cr hrs) (# cr hrs)

(Note: Your estimated planned enrollment assists in determining your “financial need,” award amounts and the semesters to be awarded.)

Financial Information:

Have you filed the Free Application for Federal Student Aid (FAFSA) for 2014-2015? ☐ Yes ☐ No
(Note: You must file the 14-15 FAFSA by January 1, 2015 to be considered for BSON scholarships. A 15-16 FAFSA application should also be completed as soon as taxes are filed for the previous year.)

Does your employer provide reimbursement for educational expenses at WMU? ☐ Yes ☐ No
If yes, anticipated reimbursement amount: ___________________________

Do you receive any other Scholarship monies? ☐ Yes ☐ No
If yes, anticipated amount: ___________________________

Special Circumstances: Please indicate any extenuating financial circumstances not reflected in the information provided on the 2014-2015 FAFSA:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Financial Need: If you are applying for a scholarship based on financial need, please describe your financial situation and the reasons you feel you should be awarded this scholarship(s).

Did you graduate from Bronson Methodist Hospital School of Nursing before 1999? □ Yes □ No
Are you a member of an underrepresented ethnicity or gender group? □ Yes □ No
Did either of your parents graduate from college with a bachelor’s degree? □ Yes □ No
Are you a member of the BSON Student Nurses Association? □ Yes □ No
Are you a single parent? □ Yes □ No
Did you grow up in a working single parent family? □ Yes □ No
Are you a non-traditional student? □ Yes □ No
Have you completed, or are you currently enrolled in NUR 2300? □ Yes □ No
Have you completed, or are you currently enrolled in NUR 3200? □ Yes □ No
Are you interested in (check all that apply):
- mental health
- pediatrics
- oncology
- nursing administration
- family nursing
- community health
- nursing leadership
- informatics

I hereby affirm that all the above information is true to the best of my knowledge and I authorize the Student Financial Aid Office of Western Michigan University to release my financial information to the WMU Bronson School of Nursing Scholarship Selection Sub-Committee of Student Affairs to be used during the scholarship selection process.

Signature ____________________________________________ Date __________________________

RETURN COMPLETED SCHOLARSHIP APPLICATIONS TO:

WMU BRONSON SCHOOL OF NURSING
ATTENTION: ACADEMIC ADVISOR
1903 WEST MICHIGAN AVENUE
KALAMAZOO, MI 49008-5345
FAX: (269) 387-8170