

Morehead State University Scholarship Application – Dept. of Nursing

Name of Scholarship _____

Name _____ Social Security Number _____
last first middle

Permanent Mailing Address _____
street

_____ city state zip code

Phone Number _____ E-Mail Address _____

Originating County _____ Originating State _____

High School Attended _____ Graduation Year _____

Current Classification _____ Major/Minor _____

ACT Composite Score _____ Cumulative GPA _____

Have you completed the Free Application for Federal Student Aid (FAFSA) _____

Please attach a brief summary (one page or less) of your qualifications for this scholarship. Describe any activities or honors you have achieved that will help us evaluate your eligibility for scholarships. You may also include letters of recommendation if so desired.

Morehead State University may from time to time desire to use my photograph and/or personal data, including academic records, for publicity purposes for the University. I have read the above statement and understand it, and hereby state that I do not object. (If you do object, you must notify the Director of University Communications in writing.)

I agree to adhere to the rules and regulations of the University, and certify that all statements in this application are true. I understand that any misrepresentation of information will make me ineligible for any scholarships that may be available or subject to cancellation of any scholarships already awarded.

Signature _____ Date _____

Please return completed application to: Department of Nursing
Morehead State University
Center for Health Education & Research
316 West Second Street, Room 201A
Morehead, Kentucky 40351