



# FELBRY COLLEGE

SCHOOL of NURSING

IMPARTING THE ART OF CARING

## \$7,500 Scholarship Application Form

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Home Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit#*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

HS Name: \_\_\_\_\_

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

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

HS Phone Number: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

HS GPA: \_\_\_\_\_

### Application Instructions

1. Complete the Felbry College School of Nursing Scholarship Application
2. Provide an official high school transcript
3. Provide supporting documentation of financial need FSA, FAFSA, EFC Report
4. Provide valid email address and contact information
5. Submit application and supporting documentation to:  
**scholarship@felbrycollege.edu**

### Deadline

Application and supporting documentation must be submitted by August 1, 2018

### Notification

Scholarship recipients will be notified via email no later than August 15, 2018

Note - Students/Parents who sign and submit an application certify the information provided on the application is correct to the best of their knowledge. Falsification of information will automatically disqualify a student from receiving any scholarships. Students/Parents agree that if awarded a scholarship, Felbry College School of Nursing may share their name and scholarship information with the local media, television, radio and/or the Felbry College School of Nursing website and/or social media applications/pages. Scholarship applications received after the application deadline and/or applications with missing information, signature(s) or supporting documentation will not be considered.

Student's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_  
(If student is under 18 years old)

**SUBMIT**