

**MINNESOTA STATE UNIVERSITY, MANKATO**  
**School of Nursing**

**Scholarship Cover Form**

Please complete a "Scholarship Cover Form" and "Individual Scholarship Application" for **each** of the scholarships for which you are applying. Please see "Scholarship Application Instructions".

		Date:
Name of Scholarship:		
Name:		Student ID #:
Last	First	Middle
<i>Current Semester:</i>		
Basic Nursing Program <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four	<input type="checkbox"/> Accelerated Nursing Program <input type="checkbox"/> BS Completion Program	<input type="checkbox"/> Graduate
<i>Permanent Address:</i>	<i>Local Address:</i>	<i>Newspaper Information:</i>
Address:	Address:	Address:
City, State:	City, State:	City, State:
Zip Code:	Zip Code:	Zip Code:
County:	County:	Newspaper Name:
Are you an LPN? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Are you an RN? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Cumulative GPA:		Nursing GPA:
<b>(Please attach a copy of Fall Semester 2008 Grade Report)</b>		
<i>Reference Information:</i> Please only provide information regarding the references included in this particular application. Affiliation includes organization, university, company, church, employer, etc.		
Reference 1	Reference 2 (if needed)	Reference 3 (if needed)
Name:	Name:	Name:
Title:	Title:	Title:
Affiliation:	Affiliation:	Affiliation:
Relationship:	Relationship:	Relationship:
If awarded a scholarship/award, I give the School of Nursing permission to release this information for publication and agree to provide a digital photograph of myself for this purpose. Submission of this document is construed as consent.		
Signature: _____		Date: _____

Scholarships will be awarded as funds are available.

Grants & Awards Committee: Approved 10/25/08