

Student Checklist

- Previously approved for scholarship
 - Update transcript attached
 - Upcoming class schedule attached
- SEMESTER APPLYING FOR: _____



NURSING SCHOLARSHIP RENEWAL APPLICATION

Full Name: _____
First Middle Last

Social Security No.: _____ - _____ - _____

Current Mailing Address: _____
Street City St. Zip

Home Phone #: _____ Cell #: _____

Name, Address and Phone Number of Nearest Living Relative through whom you may be reached.

Name: _____

Address: _____

Phone Number: _____

Name of Professional Degree Program, and school currently enrolled in:

Indicate expected month and year you will complete degree requirements.

Did you complete all classes last semester that you were provided scholarship funds for? Yes No

If "no", indicate any dropped or unfinished classes _____

Did you get a "C" or higher in all classes during the last semester you were approved for the Trinity Scholarship? Yes No

Signature: _____ Date: _____

For Scholarship Committee Use Only:

- Reapplicant
- Application Received by Deadline
- Current Employee: No Yes, Position _____ Dept: _____ Status: _____
- Full Loan Approved Stipend Approved
- Partial Loan Approved, Amount \$ _____ Stipend Denied – not employed
- Loan Denied
Reason _____ If other, list reason _____
- Other Information: _____

Committee Member Signature/Approval: _____ Date: _____