

Deadline: April 15th



Bamberger Nursing Scholarship Application

In conjunction with Dixie State University

BEFORE COMPLETING THIS APPLICATION, PLEASE READ THE FOLLOWING:

- ☐ Applicant must be fully accepted to Dixie State University.
- ☐ Applicant must be a full-time undergraduate Nursing Student at DSU.
- ☐ Applicant must have a minimum 3.0 overall GPA.
- ☐ Applicant must have filled out and completed their FAFSA Application.

PART I

Dixie State University Student ID # _____ (required)

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Citizenship: US Citizen or Permanent Resident? Yes • No

Email address: _____

Best Contact Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Alternate/Cell Phone Number: _____

Number of Credit hours completed at time of application _____ Current Cumulative GPA: _____

Semester & Year Accepted into Nursing Program _____

PART II

Are you currently receiving other scholarships from Dixie State? Yes _____ No _____

Are you a legal resident of Utah? Yes _____ No _____ State of residency: _____

Are you the dependant of a full time DSU Employee? Yes _____ No _____

Name of Employee: _____ Department: _____

Do you receive tuition assistance from Rehab, JTPA or any other State Agency? Yes _____ No _____

Name of Agency: _____ Contact person: _____

Are you over the age of 24? Yes _____ No _____ Are you married? Yes _____ No _____

Are you a Single Parent? Yes _____ No _____ Ages of Dependent Children _____

I understand that by completing this application, I will be considered for a scholarship and that I am not guaranteed a scholarship.

I have read the instructions and certify that the above information provided in this application is true and correct to the best of my knowledge.

I also declare that if I attend Dixie State University, I will abide by the academic, scholastic and social standards of the college. A student found guilty of non-disclosure or misrepresentation in completing this form will be subject to disciplinary action, loss of scholarship and/or dismissal from DSU.

I hereby authorize the scholarship office to release this application and any attached documentation, including GPA, to the Committee.

Signature_____ **Date**_____

Application Completion Checklist:

- ☐ Completed application, neat, legible and written or typed in black ink.
- ☐ FAFSA completed and submitted to the DSU Financial Aid Office

Submit your completed application to:

DSU Scholarship Office
Assistant Director of Scholarships
225 South University Ave
St George, UT 84770