

RN TO BSN ISNARDI SCHOLARSHIP

Name _____ ID Number _____

Address _____ City _____ State _____ Zip _____

Phone _____

Date of admission to FPU _____ Email _____

Program Director _____

What other financial aid (including student loans) are you applying for and/or receiving currently? _____

Primary decision-making criteria for the grant and scholarship award include, but not limited to:

1. Potential for success and leadership in field of study
2. Financial need

Please attach the following items with this page as the cover sheet of your application. Complete applications should be submitted to the Nursing Department by the appropriate deadline.

A typed response to the questions below:

1. Share your long-term goals and your contribution as a leader in nursing.
2. A one-page statement outlining:
 - a. How this scholarship will help you achieve your goals and impact health in the Valley.
 - b. Your need for a grant and any extenuating circumstances which the award committee should know. Student Financial Services will provide the grant committee with your financial need information (if available). Preference is given to those who have completed a current FAFSA. The FAFSA may be completed online at www.fafsa.ed.gov.

Deadlines

To be considered for the Isnardi Scholarship applicants must complete all application requirements by the deadline for the semester in which you wish to apply:

July 1 for fall semester

January 1 for spring semester