

Full-time Nursing Program Scholarship

PURPOSE	To provide assistance to Pacific College of Oriental Medicine students who are attending the Pacific College of Oriental Medicine's B.S. Completion Program in Nursing on a full-time basis.
SCHOLARSHIP AMOUNT	\$500/semester of full-time study for a total of 3 semesters (\$1500).
CRITERIA FOR SELECTION	<ul style="list-style-type: none">-Applicant must have a GPA of 3.25 or better-Applicant must be a full-time student (12 credits or more per term) in the Nursing program-Applicant must complete an essay question (typed) of approximately 250-500 words (2 pages) on why they have chosen to advance their nursing education, and how they will benefit from this scholarship-2 letters of recommendation-Scholarship finalists will be decided upon by the Pacific College of Oriental Medicine Scholarship Committee
APPLICATION PROCESS	<ul style="list-style-type: none">-Applications are available online at www.pacificcollege.edu or by contacting Pacific College of Oriental Medicine-Application and support material must be received no later than August 1st for fall term, and December 1st for winter term-The Scholarship Committee will notify scholarship finalists by August 15th for fall term, and December 15th for winter term
SCHOLARSHIP VALUE	One maximum scholarship is \$1500 (\$500 per term, 3 terms of full-time study), and can only be applied toward tuition, books and fees. If the student does not complete the term as a full-time student, the scholarship monies must be returned.
RENEWAL SCHOLARSHIPS	Scholars must: <ol style="list-style-type: none">1. Maintain a GPA of at least 3.0 on a scale of 4.02. Reapply for each term of full-time study



Please submit the application and supporting documents for the B.S. Nursing Program Scholarship to:

Pacific College of Oriental Medicine, Admissions Department, 110 William Street, 19th Fl., New York, NY 10038

Or online at: www.pacificcollege.edu

NURSING SCHOLARSHIP APPLICATION

(Please type all information)

I wish to apply for the Pacific College of Oriental Medicine full-time Nursing Program scholarship. I understand that the scholarship is meant to assist qualified students in pursuing full-time studies in the B.S. Completion Program in Nursing. Should any money be granted to me, I agree that said money would be used to defray expenses of tuition and books.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

Grade Point Average: _____

The following information must be included with this application and sent to Pacific College of Oriental Medicine:

- Copies of your college academic transcripts and GPA.
- A 250-500-word essay (typed) that describes why you have chosen to advance your nursing education and how you will benefit from the scholarship.
- Written references from previous nursing professors and nursing employers. References must be received by the application deadline. Two references are required. *(Reference request forms are included with this application.)*

List names of individuals to whom you have sent reference request forms:

1. _____

2. _____

Please provide a list of your extracurricular activities (*jobs you have held, volunteer work, student clubs, etc.*):

I have read the preceding statements and find them to be true.

Signature of applicant

Date

I understand that I am under obligation to return the full amount of my scholarship if I should change my course of study during the current academic year to something other than the Nursing program, or if my student status changes and I am no longer studying full-time. Also, should I elect not to pursue my education at this time or should I terminate my schooling in this school year, I forfeit any monies awarded me.

Signature of applicant

Date



SCHOLARSHIP REFERENCE GUIDELINES

Please submit the application and supporting documents for the B.S. Nursing Program Scholarship to:

Pacific College of Oriental Medicine, Admissions Department, Attention: Nursing Scholarship
110 William Street, 19th Fl., New York, NY 10038

Applicant Name: _____

Application Deadline Date: _____

The above person has requested that you write a reference to accompany their scholarship application. To make this easier for you as well as to facilitate the evaluation process, you may want to consider the applicant in the following areas:

- Academic ability
- Motivation/interest
- Personal qualities
- Choice of health career
- Volunteer/ leadership activities

The information you contribute is vital to the Scholarship Committee's review. Please address the areas that apply to you, plus any other information that might be beneficial to the committee. When finished, please forward the completed form to the above named applicant for inclusion in the scholarship packet. To insure confidentiality, place this form in an envelope, label it with the applicant's name and sign the envelope across the seal.

Application and support material must be received no later than August 1st for fall term, and December 1st for winter term.

Thank you for your time and assistance.



**NURSING SCHOLARSHIP
APPLICATION CHECKLIST**

APPLICANT NAME: _____

- Completed application
- Official transcript
- References