

Temple University School of Nursing Alumni Association Scholarship

Application

This scholarship provides financial assistance for tuition and fees to students enrolled in a minimum of six (6) credits in BCCC's Associate Degree Nursing Program.

This year's scholarship amount: \$1,000

Name: _____ Student #: _____

Address: _____ Phone #: _____

City: _____ State: _____ ZIP: _____

Current Grade Point Average: _____ Credits Completed: _____

Scholarship Criteria:

- Applicant **must** be enrolled in a minimum of 6 credits (part-time status) and in the Nursing II course in BCCC's Nursing Program.
- Applicant **must** have completed the required Nursing I course with a grade of B or better.
- Applicant **must** have a minimum cumulative GPA of 3.0 and intend to return to BCCC.
- Applicant **must** answer the required essay question. Use additional sheets of paper and attach all information to your application.

Please note: The application must be accompanied by a written recommendation of a faculty member in the Nursing Program.

I meet all of the scholarship criteria and have enclosed the required information with my application.

Name: _____ Date: _____

Signature: _____

Please return this application to:
Bucks County Community College
c/o Director, BCCC Nursing Program (RN)
275 Swamp Road
Newtown, PA 18940

Application Deadline: April 1

Please provide the selection committee with additional information about yourself. Use additional paper if needed and be sure to attach all pages to your application. Answers should be typed.

- Please describe how this scholarship would impact your educational and career goals: