

Undergraduate Nursing Scholarship Application

Please fill out the Scholarship Application in its entirety, along with an essay indicating which scholarship(s) to which you are applying and a scholarship award would benefit you financially. The application and essay should be sent by February 15th to:

School of Nursing
Attn: Scholarship Committee
Belmont University
1900 Belmont Blvd.
Nashville, TN 37212
Fax: (615) 460-6125

Today's Date: _____

Full Name: _____

BUid: _____

Email Address: _____

Mailing Address: _____

Phone Number (with Area Code): _____

Do you hold a college degree? (Circle): Yes No

If yes, what degree: _____

Are you currently enrolled in nursing courses? (Circle): Yes No

Academic year for which funding is requested: _____

Requesting continuation of School of Nursing Scholarship (Circle): Yes No

If yes, list amount and name of School of Nursing scholarship currently receiving:

How many semester hours will you be taking for the semester applying: _____

Have you filled out a Belmont Financial Aid application, FAFSA, and/or scholarship form with the Student Financial Services Office?

(Circle): Yes No

If yes, which forms: _____