

**Graceland University
International Health Center
RLDS PROFESSIONAL NURSES ASSOCIATION
Scholarship Application**

Scholarship Recipient Selection

USA applicant eligibility criteria:

1. Member of the Community of Christ
2. Grade point average of 3.0 or above
3. Justification of need by filing Free Application for Federal Student Aid (FAFSA)
4. Enrolled in last two years of a nationally accredited
 - baccalaureate nursing program, or
 - graduate or doctoral nursing program
5. Official college transcript, including last semester of college courses and cumulative GPA
6. Three letters of reference, including one from an instructor, one _____ from an employer, and one from a person who can give a personal reference (such as a pastor or family friend)

USA Awards: \$1000.00 scholarships are awarded: If a scholarship is awarded to USA student entering the Junior year, \$500.00 will be awarded each year, if evidence that the GPA is maintained at least at a 3.0. If a scholarship is awarded to a USA student entering the Senior year, the full \$1,000.00 will be awarded preceding the Fall semester.

NON-USA applicant eligibility criteria:

1. Enrolled in an appropriate nursing program in own country
2. Justification of need
3. Three letters of reference, including one from a Community of Christ apostle or other field missionary

Non-USA Awards: The scholarship award amount will be determined, based on the amount of nursing school fees needed by recipients from various countries. Payment of fees will be negotiated with the recipient, with the assistance of the National Minister and the field apostle/field appointee.

Completed applications should be sent to. Graceland University, International Health Center, 1 University Place, Lamoni, Iowa 50140. Application deadline is December 1 of odd years. Or fax to 641-784-5469 or email to development@graceland.edu.

Required Personal Information

Full Name: _____ Soc Sec No (if applicable) _____

Maiden name (if applicable): _____ Date of Birth _____

Permanent Address: _____

Congregation/location of Community of Christ membership _____

Telephone Number (Area Code) : _____ Cum Grade Point Average: _____

Name of nursing program in which you have been accepted/are enrolled for nursing education:

Address of college/university: _____

Beginning date of nursing program _____ Ending date of nursing program _____

Accomplishments, Awards, Activities: _____

Briefly explain your financial need for a scholarship: _____

Date FAFSA was filed (USA applicants only) _____

Letters of reference have been requested from the following:

a) Instructor USA/Community of Christ minister or Health Ministries Official if non-USA (name) _____

b) Employer USA/other if non-USA (name) _____

c) Personal reference USA/other if non-USA (name) _____

Applicant's Signature _____ Date _____

On the reverse side, please make a statement regarding your goals in nursing.

Revised 4/1/92; Edited 11/97; Edited 12/02, Edited 9/03, Edited 8/04