

Doctor of Nursing Practice (DNP) Scholarship Application

Name: _____

Address: _____
Street City State Zip

Phone: _____
Home Phone Cell Phone

Email Address: _____

Program: Full-time Part-time

GPA: Undergraduate _____
Graduate _____

Estimated Date of Graduation: _____

Place of Employment: _____

Do you presently receive tuition assistance from your place of employment? Yes No

If you answered "yes," do you receive full or partial reimbursement?
 Full Partial Percentage _____

Are you using loans to help finance your graduate education? Yes No

Loans: _____ Amount: _____

Are you receiving any other scholarships?

Scholarships: _____ Amount: _____

Please attach a separate sheet with any additional information you would like the Scholarship Committee to consider in making its decision.

Mail to: Wegmans School of Nursing
St. John Fisher College
3690 East Avenue
Rochester, NY 14618
Attn: Dr. Mary Collins