THE CATHOLIC UNIVERSITY OF AMERICA
Conway School of Nursing

Conway School of Nursing Scholarship Application for Graduate Students

Requirements/Eligibility

The Conway School of Nursing (CSON) at The Catholic University of America provides scholarship awards to **graduate students**. The guidelines for determining these scholarship awards to recipients are established by the CSON Scholarship Committee.

To be considered for a scholarship, the following are required:
1. Must be a United States citizen, National, or hold an immigration visa. Persons with a temporary or student visa are not eligible.
2. Agrees that any scholarship awards will be used to defer **only the cost of tuition in the degree-granting program**
3. Has a current Free Application for Federal Student Aid (FAFSA) filed with Financial Aid
4. Enrolled for all projected Fall 2022 semester courses by July 1, 2022. Enrolled for all projected Spring 2023 semester courses by November 1, 2022.
   - You need to consult with your Program Director to validate that you are enrolling for the correct courses for Fall 2022 at least four weeks prior to July 1, 2022, and for Spring 2023 at least four weeks prior to December 1, 2022.
   - If you are not registered by the designated dates, your scholarship award for the designated semester will be rescinded.
   - If you fail to register for the projected number of courses and the number of credit hours as indicated on this application, you must notify Dr. Petra Goodman at goodmanp@cua.edu as soon as possible prior to the above designated dates.
   - The university establishes the dates for submission of scholarships. Moreover, the university mandates that students, who are recipients of scholarships, must be enrolled for all projected courses for all academic semesters in accordance with established dates.
5. You must maintain fiscal responsibility for your Cardinal Station financial account. If you encounter issues such as failure to register for courses due to outstanding student costs, you are responsible for resolving such issues prior to the above designated dates. Again, If you are not registered by the designated dates, your scholarship award will be rescinded.

Application Instructions
Please read all the instructions carefully before completing the scholarship application.
April 27, 2022 is the deadline to submit your completed application.
1. Submit your application by e-mailing the completed form and narrative summary to Dr. Petra Goodman at goodmanp@cua.edu and to Mr. John P. Schmidt at schmidtjp@cua.edu.
2. **Submit the signed application as a single "fill-in the blank" PDF. We will not accept any hand-written applications except for the signature. The application must be signed in blue ink OR can be electronically signed in the following manner "First Name/Last Name /s/" (i.e. Jane Doe /s/). The narrative summary should be submitted as a Word document.** Do not submit manuscripts, papers, or other files not specifically required in the application
3. A receipt e-mail from either Dr. Goodman or Mr. Schmidt indicating confirmation of receipt of the application verifies successful submission.
4. If you do not receive an e-mail confirmation, you must notify Dr. Goodman and Mr. Schmidt that you submitted an application but did not receive a confirmation e-mail message.

5. It is the applicant's responsibility to ensure that Dr. Goodman and Mr. Schmidt receive a completed application with the narrative summary. If you do not correctly submit your application, the application will not be considered. It is your responsibility to ensure that you have correctly submitted the application.
6. The Scholarship Committee members will review all completed applications after the submission deadline

Tuition
Scholarship committee members determine the amount of the award to the student's award. Factors such as the amount of available funding and the number of merit applications will influence the amount awarded to each student.

Notification
Notification will take place no later than August 1, 2022. Scholarship awardees will be notified by e-mail through their Cardinal mail accounts.

Section 1: Personal Data

Name (last)_____First _____ Student ID#: _____

Address (street) _____

City _____ State _____ Zip _____

Home phone: _____ Cell phone: _____

Cardinal e-mail address: _____

Section 2: Education History
Please list all programs completed post-high school.

School and Program	Diploma/Degree/Certificate	Dates of Attendance	GPA

Section 3: Work Experience
Please list all employments within the past five years.

Position	Employer	Dates of Employment

Section 4: Service Experiences

Please list all service experiences within the past three years. Include active participation on CSON and university activities or committees, professional or community organizations, teaching assistant experiences, provision of services to disadvantaged and poor people, and volunteer activities. If you are a new student, list service experiences within your community.

Please list any activities in which you have participated that support the mission of the CSON (i.e., admission events, open houses, or working as a TA or lab/clinical instructor). If you have functioned as a clinical instructor, identify the number of clinical sections that you have instructed.

Position/Role	Organization	Dates

Section 5: Other Financial Assistance

Please list any other type of financial assistance for the upcoming school year. Document any other grants, scholarships, or tuition support.

Type of Assistance	Organization	Amount

Section 6: Current Nursing Degree Program

Current CSON Degree Program: _____

Part-time: _____ Full-time: ____

Credits completed toward degree (as of August 30, 2022): _____

Credits remaining to complete: _____

Date of admission to program: _____ Expected date of graduation: _____

Cumulative GPA: _____

Section 7: Identification of Semesters for which Funding Is Requested

For each semester, please identify the number of courses and credit hours for which you are seeking funding.

Semester	Number of courses	Number of credit hours
Fall 2022		
Spring 2023		

Section 8: Narrative Summary

Please provide a brief summary (a minimum of 800 words and a maximum of 900 words) of the **significance of the scholarship in pursuing your education goals**. Be sure to include your scholastic attainment, character, and adaptability to the degree you are attaining. Indicate how attainment of the degree will enhance the profession of nursing. Be sure you respond to the purpose of the narrative. Do not include content that is not directly related to the purpose. Place the narrative on a separate sheet, labeled "Narrative Summary" and ensure your name is on the sheet. If you are a student who has submitted a scholarship application to the CSON in the past for this degree, DO NOT USE THE SAME NARRATIVE AS SUBMITTED IN PAST YEARS. **For each annual application, you must submit a new narrative. In subsequent narratives, address how your program courses and the scholarship have facilitated your attainment of educational goals. Narratives less than 800 words or more than 900 words will not be accepted**. *Narratives must be submitted in Microsoft Word*.

Section 9: Scoring Criteria

GPA – 8 points
Service Experiences – 3 points
Narrative Essay and Ability to write to the Question Asked – 3 points

Section 10: Optional for Undergraduate Juniors and Seniors

The School of Nursing has a limited amount of scholarship funding for students, who upon graduation plan on working in the health care field providing service to underserved communities. If you would like to be considered for these additional scholarship funds, please submit an additional narrative with your application on your post-graduation plans. Place the narrative on a separate sheet, labeled "Endowment Narrative Summary" and ensure your name is on the sheet. **Narratives should be no more than 250 words. *Narratives must be submitted in Microsoft Word***.

Section 11: Certification Statement

I, the undersigned, hereby certify that, all of the information on this scholarship application is true and complete to the best of my knowledge. I realize that information from this application will be used to determine scholarship eligibility.

_____   _____

Signature   Date

_____

Printed Name