

**THE CATHOLIC UNIVERSITY OF AMERICA
CONWAY SCHOOL OF NURSING**

Policy on Graduate Scholarships

Introduction:

Thanks to the generosity of our donors, the Conway School of Nursing has a limited amount of scholarships to award to graduate students based on merit and service. To ensure that all students have an opportunity to be considered, the scholarships will be available to students for their first two to three years of enrollment depending on the program (see the details below).

Eligibility to Apply:

1. Must be a United States citizen, National, or permanent resident. Persons with a temporary or student visa are not eligible.
2. Agree to only using scholarship awards for tuition expenses in a Conway School of Nursing degree-granting program.
- 3) Be within the time limits for each program listed below:

Academic Program	Years Enrolled in Program
MSN	Up to 3 Years
Post Master's DNP	Up to 2 years
BSN to DNP	Up to 4 Years
PhD	Up to 4 Years

* Students who go on a Leave of Absence (LOA) will not be guaranteed an additional year of eligibility. Requests for an extension after a LOA will be considered on an individual basis and might be limited by the availability of funding.

Selection Criteria:

- Grade point average
- Essay on career goals and reason for selecting the specific Conway School of Nursing program
- Service to school and community

Application Process:

Students enrolled before September 30, 2025:

1. Meet with program director by Oct 30, 2025 for advisement on which courses to register for the following academic year.
2. Acknowledge the scholarship is to support tuition only.
3. Submit the application form and essay by Nov 20, 2025 for a Fall 2026 to Summer 2027 scholarship.

Students planning to enroll for the first time Fall 2026:

1. Meet with program director by May 1, 2026 for advisement on which courses to register for in the upcoming academic year.
2. Acknowledge that the scholarship is to support tuition only.
3. Submit the application form and essay by May 22, 2026 for a Fall 2026 - Summer 2027 scholarship.

All students:

1. Submit your application by e-mailing the completed form and narrative summary to Samantha Gregori (gregoris@cua.edu)
2. **Submit the signed application as a typed 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 **Samantha Gregori** (gregoris@cua.edu) confirming receipt of the application verifies successful submission.
4. If you do not receive an e-mail confirmation, you must notify Ms. Gregori that you submitted an application but did not receive a confirmation e-mail message.
5. The Scholarship Committee members will review all completed applications after the submission deadline

Tuition

The number of students applying, the number of credits the student will enroll in during the academic year, the amount of available funding, and score of the application will influence the amount awarded to each student. If students enroll in fewer credits than indicated on their scholarship application, the amount of the scholarship will be reduced based on the number of credits the student actually enrolled.

This policy may be changed by the Conway School of Nursing without notice.

Notification

Notification of currently enrolled students will take place no later than May 30, 2026. Scholarship awardees will be notified through their Cardinal e-mail accounts.

Scholarship Application

Section 1: Personal Data

Name (last) _____ First _____

Student ID#: _____

Address _____

Home phone: ____ Cell phone: _____ Cardinal e-mail address: _____

Section 2: Employment

Please list current work employment.

Position	Employer	Dates of Employment

Section 3: Service Experience

Please list all service experiences within the past three years. Possible examples include:

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 4: 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 5: CSON Degree Program in which you are enrolled (MSN Complex healthcare systems administration; BSN-DNP; Post Master’s DNP; PhD):

Section 6: If NP, CSON Track within your program you are enrolled in (example: FNP; PNP Primary; PNP Dual; Adult Gerontology Acute Care)

Total Credits you anticipate having completed this academic year toward degree: ____

Credits remaining to complete after this academic year: ____

Date of admission to program: _____

Expected date of graduation: _____

Section 6 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 2026		
Spring 2027		
Summer 2027		

Section 7: Narrative Summary

Please provide a brief summary (a minimum of 800 words and a maximum of 900 words) of how the Conway School of Nursing at The Catholic University of America with its mission will prepare you to achieve your personal and professional goals.

CSON Mission: <https://nursing.catholic.edu/explore-our-school/mission-philosophy>

Please see attached Word document.

Section 8: 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.

Printed Name: _____

Date: _____