

Applicant Number _____

*Assigned by School of Nursing



FSU School of Nursing Blue Cross and Blue Shield of North Carolina Scholarship Application

Instructions to Applicant:

Blue Cross and Blue Shield of North Carolina made an investment in the FSU School of Nursing (SON) to address access to care and nursing shortages in North Carolina. The FSU SON intends to promote and support the baccalaureate prepared nursing workforce in the state of North Carolina by providing these merit-based scholarships to nursing students.

Eligibility: Eligible applicants must be an admitted or currently enrolled School of Nursing student. Current students must maintain at least a 3.0 in all nursing classes. A new application and essay must be submitted every application cycle; applications from a previous year will not be considered. Previous recipients of the FSU School of Nursing Blue Cross Blue Shield of North Carolina Scholarship are not eligible to reapply.

Scholarship Criteria:

Pre-nursing	Generic	RN-BSN
<ol style="list-style-type: none">1. Admission to FSU2. Involvement in community, volunteer and extracurricular activities (*Heavily weighted)3. High School GPA (Official transcript must be included)4. Essay (*Heavily weighted)5. Interview (*Heavily weighted)6. Two letters of Recommendation (*Heavily weighted)7. North Carolina Resident.	<ol style="list-style-type: none">1. Kaplan Entrance Exam Score2. Involvement in community and volunteer activities (*Heavily weighted)3. GPA in Nursing program, and overall GPA (Official transcript must be included)4. Essay (*Heavily weighted)5. One letter of Recommendation (*Heavily weighted)	<ol style="list-style-type: none">1. Involvement in community and volunteer activities (*Heavily weighted)2. GPA in Nursing program, and overall GPA (Official transcript must be included)3. Essay (*Heavily weighted)4. One letter of Recommendation (*Heavily weighted)5. North Carolina Resident.

Completed Applications: Incomplete applications at the time of submission will not be considered. Applications are due by **August 1st** for fall consideration and **November 15th** for spring consideration. The completed application should be submitted to Ms. Carla Hall FSU School of Nursing in person to:

FSU School of Nursing
Ms. Carla Hall
Blue Cross and Blue Shield of North Carolina Scholarship
1200 Murchison Road
Fayetteville, NC 28301

Or via email to:
SONscholarships@uncfsu.edu

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FSU School of Nursing
Blue Cross and Blue Shield of North Carolina Scholarship Application

APPLICANT INFORMATION (Please type information)

Name: _____
Last First

Banner ID (For Current FSU students only): _____

Mailing Address: _____
Street

City State Zip County/State of Permanent Residence

Phone Number: _(____)_____

Email (FSU Email required if you are a current FSU student): _____

COLLEGE/UNIVERSITY INFORMATION

College MAJOR: Pre-nursing _____ Generic BSN _____ RN-BSN _____

Overall College GPA _____ Nursing Classes GPA: _____

Expected Graduation Date (Month/Year): _____ **Enrollment Status:** ___ **Full-time** ___ **Part-time**

Do you currently practice as a registered nurse in the state of North Carolina? Yes _____ No _____

Do you intend to practice as a registered nurse in the state of North Carolina upon graduation? Yes ___ No ___

If yes, practice as an RN upon graduation for: less than 2 years ___ for 2-5 years ___ more than 5 years ___

The following information will be used for Statistical Purposes Only and your response is optional.

Date of Birth (Month/Day/Year): ____ / ____ / ____ Gender: Male ___ Female ___
Birth Place: City _____ State _____ Country _____ US Citizen: Yes ___ No ___
Ethnic Background: African American ___ Caucasian ___ Hispanic/Latino ___
American Indian/Alaskan ___ Asian American/Pacific Islander ___ Other _____

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Application Essay (limit response to 250 words for each question)

Describe why obtaining a Bachelor of Science in Nursing degree is important to you.

Describe your prior and current commitments and contributions to your community (i.e. committee involvement, membership in organizations/clubs, certifications, volunteer work, awards and/or recognitions).

Describe where you see yourself professionally in five years following graduation and how this scholarship will support your educational journey.

Is there anything else you would like to tell us about yourself?

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Checklist

- ____ I have enclosed a completed and signed application (no handwritten applications accepted)
- ____ I have enclosed an official transcript from my high school (if applicable)
- ____ I have enclosed an official transcript from all colleges and vocational schools (if applicable)
- ____ I have enclosed my essay
- ____ I have enclosed my letter of recommendation, in a sealed envelope with the recommender's signature across the seal. Letter of recommendation was not written by a relative. (Two letters of recommendation required for the pre-nursing applicant)
- ____ I have kept a copy of my completed application
- ____ My completed packet is received no later than **August 1st** for fall consideration and **November 15th** for spring consideration

I certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that failure to provide full documentation or falsification of documents will result in my disqualification for this scholarship opportunity.

I agree to provide, if requested, any additional official documentation to verify information reported on this application. I understand that all decisions made by the Scholarship Committee are final and not subject to inquiry.

Applicant's Name (Printed) _____ DATE _____

Applicant's Signature _____ DATE _____

Parent or Guardian Signature required if the applicant is under the age of 18

Parent or Guardian Name (Printed) _____ DATE _____

Parent or Guardian Signature _____ DATE _____

Applicant Number _____



**Blue Cross and Blue Shield of North Carolina Scholarship Application
Reference Evaluation Form**

Applicant's Name: _____ Your Name: _____

How long you have known the applicant: _____ Your relationship to the applicant: _____

Questions for all Scholarship Applicants	Score: (Circle one)
Please rate this person on the following:	0: NOT OBSERVED 1: POOR 2: FAIR 3: GOOD 4: EXCELLENT
RESPONSIBILITY	0 1 2 3 4
TEAMWORK	0 1 2 3 4
MATURITY	0 1 2 3 4
SELF-MOTIVATION	0 1 2 3 4
CAN MOTIVATE OTHERS	0 1 2 3 4
ENERGY (POSITIVE)	0 1 2 3 4
RELIABILITY	0 1 2 3 4
TRUSTWORTHINESS	0 1 2 3 4
ABILITY TO PROBLEM SOLVE	0 1 2 3 4
COMMUNICATION SKILLS	0 1 2 3 4
ANALYTICAL SKILLS	0 1 2 3 4
QUALITY OF WORK	0 1 2 3 4
JOB RELATED KNOWLEDGE & SKILLS	0 1 2 3 4
OVERALL JOB PERFORMANCE	0 1 2 3 4
ABILITY TO WORK INDEPENDENTLY	0 1 2 3 4
ATTENDANCE	0 1 2 3 4
PUNCTUALITY	0 1 2 3 4
ABILITY TO ACCEPT CONSTRUCTIVE FEEDBACK	0 1 2 3 4
INTEGRITY	0 1 2 3 4

What are the applicant's areas of strengths and weaknesses? What is your overall impression of this applicant?

Signature and Title: _____ Date: _____

Please email this completed reference form to SONscholarships@uncfsu.edu