Applicant	Num	ber	
* *			

\*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 funds may not result in an award that is in excess of a student's total enrollment cost. Scholarship funds may be allocated to offset student loan awards.

#### **Scholarship Criteria:**

Pre	e-nursing	Ger	neric	RN	I-BSN
1.	Admission to FSU	1.	Kaplan Entrance Exam	1.	Involvement in community and
2.	Involvement in community,		Score		volunteer activities (*Heavily
	volunteer and extracurricular	2.	Involvement in community		weighted)
	activities (*Heavily weighted)		and volunteer activities	2.	GPA in Nursing program, and
3.	High School GPA (Official		(*Heavily weighted)		overall GPA (Official transcript
	transcript must be included)	3.	GPA in Nursing program,		must be included)
4.	Essay (*Heavily weighted)		and overall GPA (Official	3.	Essay (*Heavily weighted)
5.	Interview (*Heavily weighted)		transcript must be included)	4.	One letter of Recommendation
6.	Two letters of	4.	Essay (*Heavily weighted)		(*Heavily weighted)
	Recommendation (*Heavily	5.	One letter of	5.	North Carolina Resident.
	weighted)		Recommendation (*Heavily	J.	North Caronna Resident.
7.	North Carolina Resident.		weighted)		

**Completed Applications:** Incomplete applications at the time of submission will not be considered. Applications are due by *March 1st* for fall consideration and *October 1<sup>st</sup>* for spring consideration. The completed application should be submitted via email to FSU School of Nursing at:

SONscholarships@uncfsu.edu



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

APPLICANT	Γ INFORMATION (F	Please type in	formation)			
Name:						
	Last		First			
Banner ID (F Mailing Add	For Current FSU stud ress:	lents only): _				
Street						
City	State	Zip		County	/State of Permai	nent Residence
Phone Numb	oer: _()		_			
Email (FSU I	Email required if you	ı are a currei	nt FSU student):_			
COLLEGE/U	UNIVERSITY INFO	RMATION				
College MAJ	OR: Pre-Health		_ Generic BSN		_ RN-BSN	
Overall Colleg	ge GPA		Nursing Classes	GPA:		
Is it your inte	ent to participate in Stu	udy Abroad? \	Yes No			
<b>Expected Gra</b>	aduation Date (Mont	th/Year):	Enrollr	nent Status:	Full-time _	Part-time
Do you currer	ntly practice as a regist	stered nurse in	the state of North	Carolina? Yes		
Do you intend	d to practice as a regist	tered nurse in	the state of North	Carolina upon	graduation? Ye	es No
If yes, practice	e as an RN upon gradu	uation for: les	ss than 2 years	_ for 2-5 years	s more tha	n 5 years
The following	g information will be u	sed for Statist	tical Purposes Only	and your resp	onse is optional.	
Birth Place: C Ethnic Backg	(Month/Day/Year): City ground: African America dian/Alaskan	State an Cau	Country ıcasian Hispa	US nic/Latino	S Citizen: Yes 	No

## 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 unofficial transcript from my high school (if app	licable)
•	I have enclosed an unofficial transcript from all colleges and vocation	onal schools (if applicable)
•	I have enclosed my essay	
•	I have enclosed my letter of recommendation, in a sealed envelope signature across the seal. Letter of recommendation was not written recommendation required for the pre-nursing applicant)	
•	I have kept a copy of my completed application	
• $\overline{I^{st}}$ for	My completed packet is received no later than $April\ 30^{th}$ for fall conspring consideration	nsideration and <i>October</i>
I understand the	he information provided in this application is accurate and complete hat failure to provide full documentation or falsification of document on for this scholarship opportunity.	•
	vide, if requested, any additional official documentation to verify info understand that all decisions made by the Scholarship Committee are	-
Applicant's N	fame (Printed)	_DATE
Applicant's Si	ignature	_DATE
Parent or Gu	ardian Signature required if the applicant is under the age of 18	
Parent or Guar	rdian Name (Printed)	_DATE
Parent or Guar	rdian Signature	_DATE

Applicant Number\_\_\_\_\_



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

Applicant's 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 weaknesse	es? What is your overall impression of this applicant?
Signature and Title:  Please email this completed reference form to SONschola	Date:

#### <u>Institutional Academic Scholarships</u>

To be eligible for any Institutional Academic Scholarship, students must:

- 1. maintain satisfactory academic progress as outlined by the university;
- 2. maintain a 3.0 GPA;
- 3. maintain a course load of at least half time per semester;
- **4.** be in a degree seeking program at Fayetteville State University;
- **5**. complete a FAFSA application;
- 6. demonstrate financial need.

Specific scholarships may have additional qualifying criteria, such as, financial need, state or county residency requirements, a full course load, satisfactory score on the SAT, and/or satisfactory grade point average. All scholarships are contingent upon the availability of funds whether the funds are being supplied by an outside source or the university. Students may contact the Office of Financial Aid to obtain information about the criteria for specific scholarship programs and applications will be forwarded to the Scholarship Committee for consideration prior to posting in Banner. Completion of FAFSA is strongly recommended but is not required for application.