



**Altrusa Club of Roswell**  
**Barbara Poole Nursing Scholarship Application**  
*Full Time Students Enrolled in Nursing or Related Medical Programs Only*  
**Application deadline date: Friday, August 23<sup>rd</sup>, 2019**

Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
 Street \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone number where you can be reached \_\_\_\_\_

**APPLICATION FOR:**      \_\_\_ Fall Semester    **OR**    \_\_\_ Spring Semester

**Minimum Requirements:**

- Student must be a U.S. Citizen or eligible non-citizen
- Be enrolled in at least 12 credit hours or more
- Demonstrate unmet financial need as determined by the Financial Aid Office by submitting the Free Application for Federal Student Aid (FAFSA). All requirements to complete the financial aid file must be processed and finalized prior to submitting this application.

**PERSONAL DATA**

\_\_\_ Married    \_\_\_ Single    \_\_\_ Div/Wid      College Major \_\_\_\_\_

Names of all household members living with you including spouse or parents. Please **IDENTIFY RELATIONSHIP** to you **AND INCLUDE AGES** of children:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**INCOME, EARNINGS AND BENEFITS**

Total household adjusted gross income from last filed U.S. Income Tax Return>Returns  
 (Can be found on first page of tax return)    \$ \_\_\_\_\_

Self \$ \_\_\_\_\_      Spouse \$ \_\_\_\_\_      Parents \$ \_\_\_\_\_

Sources and amount per year of ANY other income and benefits including financial aid and support from parents (i.e.: child support, TANF, EBT, grants, loans, etc.)

Source \_\_\_\_\_ Amount - \$ \_\_\_\_\_  
 Source \_\_\_\_\_ Amount - \$ \_\_\_\_\_  
 Source \_\_\_\_\_ Amount - \$ \_\_\_\_\_  
 Source \_\_\_\_\_ Amount - \$ \_\_\_\_\_

**Failure to list all sources could result in forfeiture of scholarship**

Employer	Full or Part Time	Dates (to and from)

## EDUCATION

Most recent semester GPA \_\_\_\_\_ Overall GPA \_\_\_\_\_ College hours completed \_\_\_\_\_  
 Number of hours left to complete \_\_\_\_\_ Number of hours enrolled for current term \_\_\_\_\_

### PLEASE ANSWER THE FOLLOWING QUESTIONS

1. What type of work do you plan on doing when you graduate?  
 \_\_\_\_\_  
 \_\_\_\_\_
2. What career goals do you have? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. What personal goals do you have? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. What obstacles of difficulties will you need to overcome to achieve your goals and be successful in your career? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. What additional education is needed to reach your goals? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Are any extenuating circumstances on your transcript that you would like to explain?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please attach a copy of OFFICIAL TRANSCRIPTS to this application (college or high school). Failure to include transcript(s) will disqualify you for consideration for this scholarship.**

I certify that the above information is accurate and complete to the best of my knowledge. I hereby give permission to release information concerning my academic progress to the donors of the scholarship I may receive.  
 I also give permission to use the information provided on this application for recognition purposes if selected and **agree to submit a photograph of myself to ENMU-Roswell**. Failure to submit a photograph could result in forfeiture of the award.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Only complete applications will be considered. Use "N/A" if a blank does not apply. Preference is given to persons who are planning to re-enter the work force. If additional space is needed to adequately complete this application, please attach a separate sheet.

Return application via mail  
 or in person to:

Eastern New Mexico University-Roswell  
 Student Financial Aid Office  
 52 University Boulevard  
 PO Box 6000  
 Roswell, NM 88202-6000