



Faculty Scholarship Doctoral Education Application Form 2008 – 2009

Directions:

1. Please review selection criteria to ensure you are qualified to receive funds.
2. You may be asked to provide documentation to demonstrate your qualifications to receive an award.
https://www.surveymonkey.com/s.aspx?sm=qYzv1U7FH4BdY4rjqiHcEw_3d_3d

Applicant Name: _____

Permanent Address: _____
(Street/Apt #/PO Box)

(City/State/Zip)

Current Address: _____
(Street/Apt#/PO Box)

(City/State/Zip)

Telephone: Home: _____ Cell: _____

E-mail: Work: _____ Home: _____

Name of School of Nursing Attending: _____

City/State/Zip

Seeking Which Nursing Degree: Doctoral
 PhD DNP DNSc EdD Other; please specify:

Please Check **ONE**: In state Out of state On line

Which School of Nursing are you currently employed: _____

Work contact information: Address: _____

City/State/Zip: _____

Telephone: _____

E-mail: _____

Please Check **ONE**: I intend to work in West Virginia upon graduation: Yes No

Amount applying for:
\$ _____

Semester: _____

I understand that if I receive an award and do not take a job in West Virginia after graduation I will be expected to repay the amount of the award in full immediately.

Print Name **Signature** **Date**



Student contact information

Please type or print legibly. Remember that you may access this form online via our website or from the following link https://www.surveymonkey.com/s.aspx?sm=2fiR_2buVJFRgeMLhsYxfw4iw_3d_3d

Name: _____

Current Address: _____

City/State/Zip: _____

Permanent Address: _____

City/State/Zip: _____

Home Phone _____ Work _____ Cell _____

E-mail: _____

Amount Awarded: \$ _____

Which semester was award received: Fall 2008 Spring 2009

Actual or Anticipated graduation date: _____

Current place of employment:

Name: _____

Address: _____

City/State/Zip: _____

Where do you plan to work upon graduation? _____

Have you been offered a job? Yes No

If yes, where? _____

How did receiving this award help you continue your education?

What did you use the award for?

What other resources of financial aid did you have?

1. _____ Amount of Aid: \$ _____

2. _____ Amount of Aid: \$ _____

3. _____ Amount of Aid: \$ _____

Attach additional pages if needed.
Thank you for taking the time to complete this questionnaire.



The WV Center for Nursing wishes you continued success in your nursing career.