University of Pennsylvania School of Nursing Master's Scholarship Program
APPLICATION for UPHS Nurses Enrolled at Penn Nursing Science: Fall 2010

Print Name (Last) Print Name (First) Penn ID#

Address: _____
City State Zip code

SON E-mail:_____ Phone#_____

Employer: _____

Program of Study: _____

Semester / Year_____

Expected Graduation Date: _____

Eligibility Requirements for Scholarship Program:

- Admitted as a full or part time master's student to the University of Pennsylvania School of Nursing
- Letter verifying employment at UPHS (Please obtain from UPHS Human Resources)
- Is in good academic standing (GPA of 3.0 or higher, to be verified prior to award)
- Adheres to School of Nursing and University policies (for details visit http://www.nursing.upenn.edu/students/Pages/Student_Handbooks.aspx)
- Must successfully complete 3 CU's in a calendar year to receive scholarship for 1 CU in same calendar year
- Only master's courses required for an MSN degree and a Nursing minor are covered by the scholarship

Please read statements below:

I understand that I must meet the eligibility requirements to receive this scholarship.
I understand I must receive a passing grade in the course or the scholarship will be rescinded.
I understand the scholarship offered by the School of Nursing covers 1 CU per every 4 CU's in a calendar year.
I understand that if I am a full time student I may either receive the SON grant or the scholarship and that I am not entitled to receive both awards in the same calendar year.
I have been counseled by my Program Director and/or advisor and Student Services regarding my plan of study.
I understand that I am responsible for any late fees that I accrue due to a late payment on my account.
All of my questions and concerns have been addressed.
**I understand that this scholarship program is subject to change.

Name: _____ Penn ID: _____

Student Signature_____

Signature- Program Director or Advisor_____

For Office Use Only:

Term Eligible: _____

_____
Signature: Antoinette Oteri, Director of Financial Aid

GPA: _____ Progression: _____

_____
Signature: Christina M. Costanzo Clark, Assistant Dean of Academic & Student Affairs