

**Penn Nursing Scholarship Program - Penn Medicine/Children's Hospital of Philadelphia Application
MSN and Post Master's DNP Programs**

Print Name (Last) Print Name (First) Penn ID# Application Submission Date

SON email: _____ Phone# _____

Site Location (Penn Medicine/UPHS Hospital Name, or CHOP): _____

MSN/DNP Program: _____

Expected Graduation Date: _____

Eligibility Requirements for Scholarship Program:

- Be enrolled in a full or part time graduate nursing **MSN or DNP** program at Penn Nursing
- **Submit letter verifying full or part time employment at Penn Medicine or CHOP (obtain from Human Resources)**
- **Obtain supporting signature from Program representative**
- Maintain good academic standing (GPA of 3.0 or higher, to be verified prior to award)
- Remain in compliance with all Penn Nursing and University of Pennsylvania student policies:
<https://www.nursing.upenn.edu/student-services/resources/handbooks-forms-policies/msndnp-handbook/>
- Successfully complete 3 CUs in a calendar year to receive a scholarship award for the 4th CU of registration in that same calendar year. Courses must be taken at Penn Nursing unless you are enrolled in a Dual Degree program, then up to 1 CU may be taken at the collaborating Penn school
- Students may receive up to 3 scholarship awards per calendar year
- Only graduate/professional level Penn Nursing courses required for an MSN or DNP degree or a Nursing minor are eligible to be covered by the scholarship

Please read statements below:

- I understand that if I am an enrolled Nursing student, I may receive either a Penn Nursing Grant, this Scholarship, or another Penn Nursing managed Scholarship award, but students are eligible to receive only one source of funding from Penn Nursing.
- I understand that this scholarship award covers the cost of tuition for 1 CU but does not include any associated fees.
- I have been counseled by my Program Director and/or Advisor and the office of 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.
- I understand that this scholarship program is subject to change.

I have read and understand the statements above.

Student Signature: _____

Program Director or Advisor Name: _____

Program Director/Advisor Signature: _____

For the Penn Nursing Financial Aid Office use only:

Term Eligible: Spring _____ Summer I/ II _____ Fall _____

Signature: Penn Nursing Financial Aid Official

GPA: _____ Award Posted Date: _____