

University of Virginia's College at Wise Department of Nursing Scholarship Application

The University of Virginia's College at Wise Office of Financial Aid One College Avenue Wise, Virginia 24293

E-MAIL: finaid@uvawise.edu PHONE: 276. 328.0139 FAX: 276.376.1095 WEB: www.uvawise.edu

Several scholarships are available for pre-nursing and nursing majors. This application should be filled out and returned to the Office of Financial Aid or the Chair of the Department of Nursing by July 15.

Name					
First		Middle	Las	st	
Date of Birth	//		Telephone (
Address:					
S	Street/PO Box				
	City		State		Zip
	QUES	TIONS (Use Ad	ditional Paper as	s Necessary)	
Please give a b	rief summary of you	ir need for finan	cial aid:		
Briefly discuss	your aspirations for	your career in n	oursing and any	further academic	pursuits:
I understand the College at Wise	_	may only be app	lied to education	nal costs at The	University of Virginia's
Student Signatur	re			Date	

Please submit application by July 15.

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