



## COLLEGE OF NURSING, MARQUETTE UNIVERSITY SCHOLARSHIP APPLICATION FORM

***Please type or print your responses***

Name (including middle initial):

Address:

City:

State:

Zip Code:

Telephone:

E-mail:

High School Attended:

MUID:

Grade Level: Undergraduate  Graduate  Direct Entry  PhD

Undergraduate level of education completed: FR  SO  JR  SR

Field of interest/study:

Number of credit hours completed (not including current courses):

Number of credits anticipated: Fall  Spring  Expected date of graduation:

Current cumulative GPA: GPA this semester:

FAFSA Form completed and on file in Financial Aid? Yes  No

Name of scholarship applying for:

Statements of need and request for scholarship assistance:

***Please limit your response to 2600characters***



I hereby give permission to the College of Nursing to provide my academic records to all members of the selection committee. I understand that completion of this form does not guarantee a scholarship and that some scholarships may be given to a student who does not complete this form.

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*Signature*

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*Date*

***Please complete the above form and return it to:***

**Mr. Larry Vanden Busch**

Business Manager

Marquette University

College of Nursing

Clark Hall Room 245

Milwaukee, WI 53233

[lawrence.vandenbusch@marquette.edu](mailto:lawrence.vandenbusch@marquette.edu)