



## *University of the Incarnate Word*

### *2009-2010 Brackenridge Nursing Scholarship Application*

The University of the Incarnate Word is offering a scholarship of up to \$3,000\* (based on financial need) to full-time enrolled students in undergraduate nursing (must be junior or senior in 2009-2010) or graduate nursing (master's level in 2009-2010). To qualify, the student must be a resident of San Antonio or South Texas, meet enrollment requirements, and have a 3.0 cumulative GPA.

Completed Brackenridge Nursing Scholarship applications are reviewed by the Brackenridge Nursing Scholarship Committee. The deadline for application is June 15, 2009. Applicants will be notified by mail if selected.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Local Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### **Certification of eligibility (check all that apply)**

- I am a UIW student majoring in Nursing; and
- I will be a UIW junior or senior in 2009-2010; or
- I will be a UIW graduate student (in master's program) in 2009-2010; and
- I am or will be registered for fall 2009 and will meet the enrollment requirements set by the UIW School of Nursing (12 hours or more if undergraduate; 6 hours or more if master's level student); and
- I am a resident of San Antonio; or
- I am a resident of South Texas (list city \_\_\_\_\_); and
- I have submitted a 2009-2010 FAFSA (required from all applicants to establish financial need).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### OFFICE USE ONLY

Date received _____	Admitted to nursing (Y or N) _____	GPA _____
SA/So. Tx. Resident (Y or N) _____	Standing _____	Fall SCH _____
FAFSA on file (Y or N) _____	Need \$ _____	Fnd. Req. _____
Notes _____		

\*Funding is currently only available for 2009-10. The ability to reapply for this scholarship in future years is dependent on the availability of funding.

***University of the Incarnate Word***  
***2009-2010 Scholarship Release of Information Form***

The University of the Incarnate Word makes every effort to protect the privacy of your educational records. Scholarship donors very much appreciate knowing the students who directly benefit from their scholarship funds. By allowing the University to release your name, directory, and academic information, you are helping us to connect donors with our students. This simple act helps to ensure that more UIW students will continue to benefit from these generous gifts.

By signing below you indicate:

\_\_\_ you authorize UIW to release your name, directory and academic information to scholarship donors in conjunction with any UIW scholarships you may receive

OR

\_\_\_ you do not authorize UIW to release your name, directory and academic information to scholarship donors in conjunction with any UIW scholarships you may receive.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
UIW ID or Social

***This form must be submitted with the UIW Brackenridge Nursing Scholarship Application.  
The application and all accompanying forms and documents (essay and release of information) must  
be submitted to the UIW Office of Financial Assistance by 5:00 p.m. June 15, 2009***