

PERIMETER COLLEGE  
DEPARTMENT OF NURSING

MARCH 1, 2017 DEADLINE SCHOLARSHIP APPLICATION

Please submit your nursing scholarship application(s), essay(s) and statement(s) of financial need and SAR (if applicable) no later than March 1, 2017. Letters of recommendation from Clinical Instructors must be submitted no later than 4:00 PM EST on Wednesday, April 5, 2017.

**Scholarship in which you are applying:**

- PERIMETER COLLEGE GENERAL NURSING SCHOLARSHIP CONSIDERATION
- GEORGIA CANCER SPECIALISTS SCHOLARSHIP
- GEORGIA PERIMETER NURSING ALUMNI ASSOCIATION SCHOLARSHIP
- STELLA MANKO NURSING SCHOLARSHIP

Date: \_\_\_\_\_

Student ID: \_\_\_\_\_

Student Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of birth (day, mo, year): \_\_\_\_\_

Email: \_\_\_\_\_

Current nursing course: \_\_\_\_\_

Grade in current nursing course: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

**Membership in professional organizations:**

\_\_\_\_\_

**Community service activities:**

\_\_\_\_\_

\_\_\_\_\_

Please indicate the source and amount of any other financial aid that you have received or applied for.

\_\_\_\_\_

I certify that I am currently enrolled at Perimeter College. I am enrolled in the nursing program at Perimeter College and I am eligible for the scholarship(s) in which I am applying. I have included all required application materials and all the information in this application, as well as any and all supplemental application materials is true.

Applicant Signature

Date

Return completed applications:

Perimeter College  
Attn: Nursing Scholarships  
3251 Panthersville Road  
Decatur, GA 30034-3832  
In person, Decatur Campus, SA2810