



WESTERN  
ILLINOIS  
UNIVERSITY

School of Nursing  
Western Illinois University  
1 University Circle  
Currens Hall 510  
Macomb, IL 61455  
309-298-2571  
Fax: 309-298-3190

**School of Nursing Scholarship Application**

*Applicant Information (Please type or print clearly)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

WIU ID: \_\_\_\_\_

Permanent Home Address Past Year: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

School Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

Cumulative GPA: \_\_\_\_\_ Semester Hours: \_\_\_\_\_

Basic BSN: \_\_\_\_\_ RN-BSN Completion: \_\_\_\_\_

Semester Hours Completed at Other College(s): \_\_\_\_\_

Letters of Reference Prepared by:

1) \_\_\_\_\_

2) \_\_\_\_\_

The following Scholarships are available through the School of Nursing. Please indicate your preference(s).  
Criteria for each scholarship can be found online at  
<http://www.wiu.edu/cas/academics/scholarships/Nursing.php>.

\_\_\_\_\_ Dorothy R. "Dode" Hanson Scholarship

\_\_\_\_\_ Bertha Greishader Fink Scholarship

\_\_\_\_\_ Dr. Burdis Andernovics MD Memorial Scholarship – *Indicate which criteria is met below:*

\_\_\_\_\_ Birth Certificate \_\_\_\_\_ Latvian Decent \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Ron & Gayle Peterson Nursing Scholarship

\_\_\_\_\_ Norman & Carmelita Teeter Scholarship

\_\_\_\_\_ Lavern & Nola McEntire Scholarship

