



Indiana Dabney University

5217 South Hohman Avenue, Hammond, Indiana 46320
(219) 932-2100 *Main Campus* (219) 932-1647 *Fax*
www.indianagraduate.com

School of Nursing

Scholarship Request

Maximum Scholarship \$3,000 per student – per program

Date:	
Name (Last, First)	
Permanent Address (complete street address)	
Home Phone	()
Work Phone	()
Cellular Phone	()
Email address	
Alternative email address	
Gender	
Social Security Number	
Date of Birth	
Are you a U.S. Citizen	<u>Yes or No</u>



Attach a detailed summary as to why you are requesting scholarship funds (a maximum of 2,000 words). Please attach your summary to this form and remit it via e-mail (gcollins@indianagradschool.edu) or fax 219-791-0926.

Program Applying for Admission	<input type="checkbox"/> ASN Associate of Science Degree in Nursing
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Ethnic Background (optional)	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> other (Please List) _____
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Anticipated Enrollment Month _____

How did you hear about our academic programs? _____

I certify that all the above information is true, without prejudice or misleading information. I further understand and agree to the policies and procedures of Indiana Dabney University, Inc. I further understand that these policies and procedures can change without notice. I also grant permission for my pictures to be used on the website or in printed materials. I further agree to pay in full all fees, including the application fees when due and further authorize this signature to be on file, for use in future credit card authorizations for the payment of fees. I understand that giving false or misleading statements can result in the applicant being ineligible for admissions.

I understand that the School of Nursing admits a limited number of students due to available resources and/or faculty. Although I may meet or exceed the minimum requirements for admission, circumstance may prevent the Nursing Division from admitting all students who meet the admission criteria.

Applicant's Signature

Date

Indiana Dabney University does not consider race, sex, sexual orientation, religion, or national origin in the selection process.

Currently we are authorized to seek and enroll students in our **(Fully Accredited)** Certificate, Diploma and Degree Programs. Indiana Dabney University and its agents reserve the right to amend this document without notice.



For-School Use Only

Approved By: _____

Print Name: _____

Date approved: _____



Amount Approved: _____