

Westlake Scholarship Application for the RN – BSN Program

Due dates: Spring term – December 8 Fall term – August 1

- 1. DEADLINES for scholarship applications are listed above.
- 2. Refer to application process below for a list of the supporting documents needed (i.e., reference forms, evidence of GPA, etc.) Incomplete applications will not be considered.
- 3. If any question does not apply to you in this application please put N/A in the space.
- 4. Type or print legibly. Illegible applications will be returned to you.
- 5. You will be notified by mail regarding the status of your application.
- 6. If you have any questions about the application, please contact Tamara Bland at 708-524-6386 or by email at tbland@dom.edu.

PURPOSE

The purpose of undergraduate degree in nursing is to assist students pursue a career as an advocate for the profession of nursing and to further your educational goals.

CRITERIA

- Applicants must have completed their associate degree in nursing with a 2.75 cumulative GPA.
- Applicants must fully complete and submit a Scholarship Application by the deadline.

TIMELINE

- Applications are due December 8th for the Spring term and August 1st for the Fall term
- Applicants are notified if awarded a scholarship by email

Application Process

SCHOLARSHIP APPLICANTS MUST PROVIDE:

- Completed application form
- Official proof of academic standing on file

Please email OR submit application in person to:

Dominican University
Attention: Tamara Bland, MSN, RN
7900 West Division Street
River Forest, IL 60305

Please check one of the following:
New Scholarship applicant
Repeat Scholarship Applicant

Application must be filled out by applicant.

Please type or print your answers below. If application is illegible it will be returned to you.					
1	Last Name:	First Nan	ne:		
	Mailing Address:				
2	Street:				
	City: State:		ZIP:		
3	Daytime Telephone Number: ()				
	Email address:				
4	I will be attending in the: Fall TermSpring	Term		_	
5	Will you be a full time student?				
6	Grade Point Average (GPA): (On a 4.0 scale)				
7	List the name of any colleges you have attended:				
		Year Began	Year Ended	Year Graduated	Type of Degree Received
A.					
B.					
C.					
D.					
					<u> </u>
8	EXTRA-CURRICULAR ACTIVITIES: Please list extra-cur Note leadership roles and dates.	rricular act	ivities in v	which you hav	e participated.
9	ORGANIZATIONS: Please list community organizations organizations in which you are now active or have previous				

	10	RECOGNITIONS : Please list important awards and recognitions received. Note organizations presenting honor and date.		
	11	GOALS: What are your short goals? Long term goals for your life?		
	12	CAREER PLANS: What are your career plans and what would you like to be doing in 10 years?		
STATEMENT OF ACCURACY				
СО	rrect	y affirm that all the above stated information provided by me to Dominican Scholarship Committee is true, and without forgery. I also consent that my picture may be taken and used for any purpose deemed necessary ote the Scholarship Program.		
		y understand that if chosen as a scholarship winner, according to scholarship policy, I must be enrolled at can University RN – BSN program.		
Si	anatu	re of scholarship applicant:		