



Nursing Education Scholarship Application

Applicant's Personal Information

Last Name: _____ First Name: _____ Middle _____

Gender ___ Female ___ Male Date of Birth ___/___/___ Social Security # _____

Home Address: Street _____ City _____

State _____ Zip _____ County _____

Email address: _____ Phone Number _____

Education Information:

Are you currently enrolled in an accredited nursing program? _____

if yes,

Name of program _____

Street Address _____ City _____ State _____ Zip _____

Anticipated Date of Program Completion _____

Certificate Objective (AA/AS or BA/BS) _____

Current Degree _____

Grade Point Average (GPA): _____ (On a 4.0 scale)

Agreement and terms of CRMC Scholarship Applicants

I understand that CRMC Scholarship Committee may request additional information, including a personal interview, to make a decision on my application. I agree that if this application is accepted and I receive a scholarship award, I will be bound by the terms and conditions of the award.

If I am selected for this scholarship, I agree to provide a copy of my official transcript (grades) at the end of each semester.

I understand that scholarship funds may be applied to offset financial obligations that I have incurred or reasonably expect to incur for tuition, room and board, and other educational and living expenses during the academic year.

I certify that the statements that I have provided on this application are true and correct and are given for obtaining a CRMC scholarship. I authorize CRMC to verify the statements contained herein and I understand that all personal information contained on this application will be held in confidence by the CRMC Scholarship Selection Committee.

Applicant's Signature _____ Date _____

For questions or additional information, please contact Human Resources at 662-285-4400 ext. 1204

Please submit your completed application, three letters of recommendation, and a 1500 word essay titled "What This Scholarship Would Mean to You" to:

Attn: Human Resources Department

CRMC. 8613 MS HWY 12. Ackerman, MS 39735. Fax: 662-285-9485

Deadline: All required documents must be submitted no later than January 31, 2023.