LCU Nursing Fern (Johnson) Wiggins, R.N. Scholarship Application Form

The Endowed Nursing Scholarship is generously donated by W.R. and Mary Linda Wiggins Collier

The Endowed Scholarship shall be applied to students based on the following criteria:

- The student must meet the admission requirements or be in good standing with the University.
- First preference will be given to an applicant with a connection to Bosque County, TX and/or Clifton, TX or Fern Wiggins. If no applicant meets this criteria, a B.S.N. student who intends on practicing nursing in Texas will be considered for the scholarship.
- Recipients must have successfully completed at least one semester and intend to practice in Texas to be eligible for the award.
- All blanks (front and back) on this application must be filled in to qualify for this scholarship. The application deadline is May 1, 2023 for the Summer 2023 semester scholarship.

If you feel you meet the above criteria, please complete both sides of this application and the recommendation forms. If you have questions, please call the LCU Department of Nursing at 806.720.7676.

PERSONAL INFORMATION:

Student's Last Name:_____ First Name:_____ M.I.:____

Empower Student ID#: _____ Gender: ☐ Male ☐ Female

Address:_____

City:_____ State:_____ Zip:_____

Student's Home Phone Number: (_____)_____

Student's Email Address (please print clearly): _____

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Children's Ages (Exclude over age 23):_____

Housing Arrangements: ☐ Renting ☐ Buying ☐ Owner ☐ Residing Rent Free (including parent's home)

Spouse's/Significant Other's Full Name:_____

Spouse's/Significant Other's Occupation and Employer:_____

Does Your Significant Other/Spouse Attend College? ☐ YES ☐ NO If Yes: ☐ Full-time ☐ Part-time

Where?_____

EMPLOYMENT INFORMATION:

Are you (the applicant) employed while in school? ☐ YES ☐ NO If Yes: ☐ Full-time ☐ Part-time

Where?_____

Area/Dept._____ Phone Number: (_____)_____

FINANCIAL INFORMATION:

Gross FAMILY Income: $_____(monthly) Other Source(s) of Income:_____

Financial Assistance: ☐ Federal Financial Aid ☐ Scholarship ☐ SNAP (Food Stamps) ☐ WIA

☐ VA ☐ AFDC ☐ Other:_____

POST GRADUATION PLANS:

Remaining in Texas? ☐ YES ☐ NO Continuing Your Education: ☐ YES ☐ NO

What are your employment plans post-graduation?_____

Degree(s) you will seek? _____

ESSAY:

Please submit an autobiographical essay. Essay needs to be approximately four to five neatly typed paragraphs covering (a) Your family situation, (b) What influenced your decision to complete your BSN or higher degree, (c) Future plans as an RN, (d) A list of all your activities (work and community activities/service, church, youth sports, charities, etc., and (e) Connection (if any) to Bosque County, Clifton, Texas, or to Fern (Johnson) Wiggins, R.N.

Your essay will be reviewed and scored for understanding of topic, original thinking, effective presentation and grammar/spelling.

You must also provide a recommendation form to two instructors/co-workers who have observed you in a clinical area. Recommendation forms will need to be submitted to the instructor/co-worker and returned with the scholarship application.

STUDENT SIGNATURE

I authorize LCU Department of Nursing to review my qualifications for scholarships and to report their findings for eligibility as necessary. If selected for an award, all information pertinent to continued eligibility may be reported as necessary to donors and other interested parties:

Signed: _____ Date: _____