

Drummond Family Nursing Endowment Scholarship

Murray State College
Tishomingo, Oklahoma 73460

This scholarship is restricted to students who are full-time nursing students with a 3.0 GPA, or greater, with preference given to those students who reside in Marshall or Johnston County. The student must have accumulated a minimum of 21 semester hours to be eligible for consideration and must maintain a full-time (9 credit hours) status each semester while at Murray State College.

INSTRUCTIONS: Please read the following information carefully and fill in all blanks.

1. Please print or type all information and attach an additional sheet if more space is required.
2. For scholarship consideration this application must be brought or mailed to: Murray State College, Development/External Relations Office, One Murray Campus, Tishomingo, OK 73460.
3. **Deadline** for submitting application materials is **May 1**.

The application must be complete to be considered. The scholarship will be awarded on the basis of information contained in the application.

(MR/MRS/MISS/MS): _____

Marital Status: Single Married Divorced. If married, is your spouse a student?

U.S. Citizen: Yes No. Permanent U.S. Resident Yes No

Date of Application: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

College Address: _____ Phone (____) _____

College GPA: _____ ACT Composite Score: _____ Year of High School Graduation or GED: _____

List family obligations and/or off-campus work: _____

Please attach a college transcript and/or current enrollment and the following information

(TYPEWRITTEN):

- A. List your high school/college activities and/or offices held in organizations.
- B. Make a brief statement regarding your work experience.
- C. Make a statement regarding your financial needs.
- D. Please list all other financial aid which you expect to receive.
- E. Provide a statement which describes your career goals.

I HEAREBY CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I GRANT PERMISSION TO THE SCHOLARSHIP COMMITTEE MEMBERS TO REVIEW AND VERIFY CONTENTS.

Signature of Applicant