Dear Nursing Student:

Please complete the following form for consideration by Temple University Department of Nursing for a scholarship for the academic year 2014-15. Students are eligible for a scholarship if they are in good academic standing and meet the requirements for the specific scholarship. The requirements can be found at www.temple.edu/nursing/scholarships. Please select the scholarship (or scholarships) for which you wish to be considered by checking the appropriate box. All scholarships applications require the same documentation.

Deadline for submission is January 31, 2014.
Temple University
Scholarship Application
for
Undergraduate Nursing Students

Select the scholarship(s) for which you would like to apply

☐ Class of 1963 Endowed Scholarship Award
☐ Lisa Herman Peskoe Memorial Scholarship Fund
☐ J. Russell Fawley Fund
☐ Nan Angevine Apfelbaum Scholarship in Nursing
☐ Nurses Alumna Scholarship Fund (Jacob Dunlap)

Please complete the following form for consideration by Temple University College of Health Professions and Social Work Department of Nursing for the scholarship(s) indicated above, for academic year 2014-2015. Students are eligible to apply for a scholarship if they are in good academic standing and meet the requirements of the specific scholarship. Requirements of each scholarship can be found at www.temple.edu/nursing/scholarships.

Deadline for Submission: January 31, 2014

Signature: ___________________________ Date: ___________________________
Print Name: __________________________ TUid: __________________________


1. **Name:** ____________________________
   (print)

   **Temple Student ID Number:** ____________________________

   **Temple University E-mail address:** ____________________________

   **Preferred telephone number:** ____________________________

2. **Mailing Address during academic year** (September-May):

   Street

   City

   State, Zip Code

3. **Permanent Home Mailing Address:**

   Street

   City

   State, Zip Code

4. **County:** ____________________________

5. **Academic Credits Completed** by the end of the Spring, 2014 Semester: _______

6. Expected **Graduation Date:** (Month/Year) ____________________________

7. **Grade Point Average** (GPA) at time of application: ____________________________

8. **Personal Essay** of no more than 250 words describing your career plans in nursing, as well as your voluntary activities within your community.

9. Please attach a brief **personal statement regarding your financial need**. This statement must address how this scholarship would aid you to meet your academic goals.

10. Are you currently a Nursing Scholar student?  □ Yes  □ No

11. Are you currently receiving financial aid?  □ Yes  □ No
12. For 2013-2014, please provide the following information, if it is relevant to you:

- Amount of Loans awarded for you: $___________
- Total Student Loans Awarded: $___________
- Amount of Grants awarded: $___________
- Amount of Scholarships awarded: $___________
- Please list: _______________________________________
- Amount of Tuition Remission: $___________
- Amount of Other awards: $___________

13. Submit your current unofficial academic transcript from Temple University (note: a student copy is acceptable; it can be obtained via SSB).

14. Attach two letters of recommendation; at least one must be from a faculty member (see attached form). Recommendations must be sent directly from the recommending individuals directly to the address provided on the form. Kindly indicate below who will be submitting the recommendation forms on your behalf.

1) ___________________________  
2) ___________________________

***************

Please send completed application and attachments (i.e., Personal Essay, Financial Need Statement and Current Temple University Transcript [student copy acceptable]) to:

Ms. Andrea Darden  
Department of Nursing  
Temple University  
College of Health Professions and Social Work  
3307 North Broad Street  
Philadelphia, Pennsylvania 19140

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For additional information regarding this application, please contact Ms. Andrea Darden at 215-707-4687 or e-mail at andrea.darden@temple.edu.
Department of Nursing: Faculty Recommendation

Student Name: ______________________________________

Date of Graduation: __________________________________

Faculty Evaluation

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<thead>
<tr>
<th>Attribute</th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Evaluate</th>
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<tbody>
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<td>Professional Appearance</td>
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<td>Punctuality</td>
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<td>Attendance</td>
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<td>Assessment Skills</td>
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<td>Implementing an effective plan of care</td>
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<td>Therapeutic Nursing Interventions</td>
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<td>Organizational Skills</td>
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<td>Verbal and Written Communication Ability</td>
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<td>Works Well in Teams</td>
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<td>Delegates Tasks Appropriately</td>
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<td>Academic Performance</td>
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<td>Clinical Decision-making Skills</td>
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</table>

Comments: ________________________________________________

__________________________________________________________

Faculty Name (Printed)  _________________________________

Faculty Signature  _________________________________

Date

Length of time known applicant ________________________________

Setting in which the faculty member taught the student (check all that apply):

_______Classroom/Theory  ____Clinical/Fieldwork  ________Academic Advisor

Select the scholarship(s) for which you are recommending student

- Class of 1963 Endowed Scholarship Award
- Lisa Herman Peskoe Memorial Scholarship Fund
- J. Russell Fawley Fund
- Nan Angevine Apfelbaum Scholarship in Nursing
- Nurses Alumna Scholarship Fund (Jacob Dunlap)