

**UNIVERSITY OF WISCONSIN-EAU CLAIRE  
COLLEGE OF NURSING & HEALTH SCIENCES**

**SCHOLARSHIP APPLICATION FORM  
PART TWO**

**Name:** \_\_\_\_\_  
                    First                                    Middle                                    Last

**Applicant's ID Number:** \_\_\_\_\_

**Academic Adviser:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Activities: (List both past and present, those that you consider especially important and indicate specific roles)**

**Honors and Awards:**

**Work Experience:**

**Written Essay:** Each application must include one written essay in not more than 200-300 WORDS OF DOUBLE SPACED TEXT stating why you believe you should be awarded each of the scholarships you are applying for. The essay must address the eligibility criteria for each of the scholarships that you are applying for. The criteria is listed on the foundation scholarship website.

**PLEASE PRINT COMPLETED FORM TO SIGN & DATE**

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**My signature below**

**(1) Attests to the accuracy of the information provided and**

**(2) Authorizes securing and considering other pertinent data from University sources.**

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**Signature of Applicant**

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**Date**

**Please turn in along with Part One  
to Cathy Wilson, Nursing 101 by the deadline.**