

Harris County Medical Society Alliance Nursing Scholarship for Pre-Licensure BSN Students

Student Requirements:

- 1. Pre-licensure student (no RN-BSN or MSN students who have the RN license).**
- 2. U.S. citizen or permanent resident.**
- 3. Minimum GPA of 3.0.**
- 4. Admitted to the nursing program, beginning or advancing in clinical nursing courses.**
- 5. Financial need, as determined by FAFSA (Free Application for Federal Student Aid) or comparable determination.**
- 6. Monies may be used only for tuition, fees, books (including eBooks), and uniforms. Monies MUST be placed in student's account at the campus Bursar's office. The money may not be sent directly to the student.**
- 7. Commitment to work in Harris County for a minimum of one year post-graduation.**

**Harris County Medical Society Alliance Philanthropic Fund Nursing Scholarship
Recipient Verification Form**

Name of Nursing Program _____

Name, email, address and phone of contact person _____

Student Recipient Name and Student ID # _____

Year student admitted to nursing program _____

Anticipated Graduation Year _____

Brief description of how student was selected (name of selection committee etc.) and how unmet financial need was determined:

Contact Person at university/Address for check to be sent

(Note- monies must be directly deposited to student's financial aid account)

Please certify student meets the following requirements: (check all that are met):

_____ Pre-licensure student (no RN-BSN or MSN students who have the RN license)

_____ Admitted to the nursing program and beginning or advancing in clinical nursing courses

_____ Financial need, as determined by FAFSA or comparable determination utilized by nursing school

_____ U.S. citizen or permanent resident

_____ Commitment to work in Harris County for a minimum of one year post-graduation

Program Director Signature _____

Print name: _____ Date: _____

Scholarship Selection Committee Chair Signature _____

Print name: _____ Date: _____

Financial Aid Officer Signature: _____

Print name: _____ Date: _____

Student Recipient Signature _____

Print name: _____ Date: _____