

# The Selma H. Wolk LPN Scholarship

**Criteria:** Mesa State College full or part-time student accepted into the Nursing program and interested in the field of geriatric nursing care, with a minimum 2.0 GPA.

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name and location of the High School you graduated from: \_\_\_\_\_

Year you graduated: \_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a Colorado Resident? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how long? Years \_\_\_\_\_ Months \_\_\_\_\_

Long-Term facility you are currently employed at: \_\_\_\_\_

Do you have dependents? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Classification starting the Fall 2010 semester: FR \_\_\_\_\_ SO \_\_\_\_\_ JR \_\_\_\_\_ SR \_\_\_\_\_

Will you have received a Bachelor's degree before the Fall 2010 semester? \_\_\_\_\_ yes \_\_\_\_\_ no

College Major: \_\_\_\_\_ Expected Graduation date \_\_\_\_\_

*What are the principal sources of funding for your education? Give approximate amounts of grants, parental contribution, scholarships, loans, etc that you are expecting for the 2010-2011 school year:*

Type of Aid	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Extra Curricular Activities (attach an additional sheet if necessary) \_\_\_\_\_

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Leadership roles and offices held (attach an additional sheet if necessary) \_\_\_\_\_

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Honors received (attach an additional sheet if necessary) \_\_\_\_\_

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This form must be accompanied by the following:

- An “unofficial” transcript of credits and grades completed to date.
- A brief autobiographical essay which includes a statement of educational goals and career plans. Include an explanation of why you think you should be awarded this scholarship. Give specifics relating to your major and concentration.
- I give my permission for Mesa State College to release my academic information to the donor or the selection committee to determine eligibility for this scholarship.
- I certify the information provided by me is complete and accurate.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**RETURN COMPLETED APPLICATION AND ATTACHMENTS TO:**

**Mesa State College, Office of Financial Aid  
1100 North Ave.  
Grand Junction CO 81501**

**Or drop by the Financial Aid Office located in Lowell Heiny Hall**

**Application Deadline: March 1, 2010**