

# Harold E. Daniels Memorial Nursing Scholarship

**Criteria:** Eligible applicants must be a U.S. citizen, a Colorado resident, and a high school graduate. The scholarship is awarded to the student with the highest GPA who is currently enrolled in a nursing program at a college or university in Colorado.

**Value:** \$2,222 per year for up to four years.

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 \_\_\_\_\_

County of Permanent Residence \_\_\_\_\_ How long? Years \_\_\_\_\_ Months \_\_\_\_\_

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

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

Will you have received a Bachelor's degree before the upcoming Fall 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 upcoming 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 understand this submitted information and all supporting documentation becomes the property of Colorado Mesa University Scholarship & Awards Committee. Any of this information may be used in the scholarship program booklet. This and other relevant information from my student records may be released to donors, selection committees or other persons responsible for the administration of these scholarships to determine eligibility for scholarships.**

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

\_\_\_\_\_  
Date

**RETURN COMPLETED APPLICATION AND ATTACHMENTS TO:**

**Office of Financial Aid  
Colorado Mesa University  
1100 North Avenue  
Grand Junction, CO 81501**

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

Application Deadline: **March 1**