



Scholarship Application

Applicant Information

Name: _____ Date of Birth: ____/____/____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Gender: Female Male Other: _____

Pronouns: She, her, hers He, his They, them, theirs

US Citizen or Permanent Resident: Yes No

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: Black/African-American American Indian/Alaskan Native White

Asian Native Hawaiian/Pacific Islander

Other, please specify _____

Education

High School: _____ Address: _____
No

From _____ To _____ Did you graduate? Yes No Diploma: _____

College: _____ Address: _____

From _____ To _____ Did you graduate? Yes No Degree: _____

Other Education: _____ Address: _____

From _____ To _____ Did you graduate? Yes No Degree: _____

Major/Program of Study: _____ Current GPA: _____ Cumulative GPA

****Please provide an official transcript from your educational institution.***

Community Service

Describe your community service experience: _____

****Please attach a certificate or letter from an organization that can verify your community service hours.***



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Reference

Full Name: _____ Relationship: _____

Occupation: _____ Email: _____

Address: _____ Phone: _____

**Please attach a letter of recommendation from one of the above-listed references.*

Short Answer Questions

Describe what sparked your interest in your intended field of study? _____

How does your program of study fit into your career goals? _____

Why do you feel you should receive this scholarship? _____

**Additional sheets of paper may be attached*

Essay

Please attach a 500-word essay describing solutions you would propose to improve a critical issue in Nursing or Healthcare, STEM, or Public Health/Public Administration.

Acknowledgement

I certify that I am 16 or older and the information I have provided on this application is true to the best of my knowledge and that any false information knowingly provided may disqualify me for this scholarship.

Signature: _____ Date: _____

***If under 16 years of age:**

Parent or Guardian's Name: _____

Parent or Guardian's Signature: _____ Date: _____

Your application, transcripts, and supporting documents can be emailed to: info@institute4equity.org