

ACADEMY OF MEDICAL-SURGICAL NURSES
Greater Southeastern Michigan Chapter
SCHOLARSHIP APPLICATION

Name: _____

Address: _____

Phone Number: _____

College/Nursing Program Attending: _____

College GPA _____

**Please answer the following questions to complete the application.
Please limit your response to one typed page.**

1. Give a short description of your goals, and how you arrived at the decision to become a nurse.
2. Why do you feel you should be selected to receive the AMSN Scholarship and how would this assist you?

Please list the organizations and activities you have been involved in, especially related to volunteer community service. Please include the total number of hours volunteered and your role in the activity.

Statement of intent: In applying for the scholarship, I am validating my intent and agreement to utilize any scholarship funds that may be awarded to further my education in the field of nursing.

Signature: _____ **Date:** _____

By checking this box, I am providing my electronic signature approving all the information