

Nursing Workforce Diversity (NWD) Program  
Medical College of Georgia  
School of Nursing

**Application for Scholarship (2008-2009)**

**Name** \_\_\_\_\_ **Student ID #** \_\_\_\_\_  
**Progression in Program**      Junior                  Senior                  **Current G.P.A.**

**High School Attended:** (name, city and state)

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**Ethnicity** (check one)       Hispanic/Latino       Not Hispanic or Latino

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**Race** (check one)       African-American       Asian\*       Caucasian       Hispanic or Latino  
 Native Hawaiian or Pacific Islander       American Indian or Alaska Native       Other \_\_\_\_\_  
\*Any Asian other than Chinese, Filipino, Japanese, Korean, Asian Indian or Thai

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Do you meet requirements for financial assistance as defined by the MCG Office of Financial Aid?      Yes      No

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Are you currently employed in non-school related work? (i.e., not clinicals or practicum rotation)

Yes                  No      **If yes, how many hours a week do you work?**

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If you work, would receipt of a scholarship reduce your need to continue non-school related work?

Yes                  No

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If you are not currently working, are you planning to work during the academic year?      Yes      No

If you do not work during the academic year, how concerned would you be about your ability to remain in school financially?

No Concern      Somewhat Concerned      Greatly Concerned

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**Local Address**                  (Street)    Phone #

**Permanent Address**      (Street)

**Phone #**    **Email:**

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**Essay:**

Please write an essay on any aspect of nursing workforce diversity you would like to explore. The essay should be in American Psychological Association format (APA – [www.apa.org/journals](http://www.apa.org/journals)), should be **no longer** than 2 pages in length, double spaced, and should include **no more than** one page of references.

I attest that the information contained on this application and in the attached essay is true and is my own work. I understand that I will be required to participate in periodic Pathophysiology and Pathopharmacology tutoring sessions *when I am enrolled* in the courses. I understand that failure to attend tutoring sessions will disqualify me from receiving future NWD scholarships and will require me to return assigned laptop computer immediately (if received).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Application & essay should be sent to: Wendi Stroud, Office Specialist, MCG School of Nursing, 987 St. Sebastian Way, EC-4341, Augusta, GA 30912 by: **Wednesday, May 7, 2008 at 3:00 PM**

**NOTE:** *Must be a full-time enrolled Junior or Senior in good standing. Incomplete applications will not be processed. Grant restrictions require that scholarship and stipend funds cannot be paid to the same student concurrently.*