



## Needs-Based Scholarship Application Questionnaire

### Section 1: Personal Information

**Full Name:**\_\_\_\_\_

**Student ID:** \_\_\_\_\_

**E-mail Address:**\_\_\_\_\_

**Date of Birth:**\_\_\_\_\_

**Contact Information:**

**Phone:**\_\_\_\_\_

**Email:**\_\_\_\_\_

**Current Address:**\_\_\_\_\_

**Permanent Address (if different):**\_\_\_\_\_

### Demographic Information:

**Gender (check only one by double clicking on the box):**

- ☐ Male
- ☐ Female
- ☐ Do not wish to provide

**Are you a U.S. citizen or permanent resident?**

- ☐ Yes
- ☐ No

**Do you work while enrolled in school?**

- ☐ Yes
- ☐ No

If yes, how many hours on average per week during the term?

**For which block(s) are you applying for (check all that apply.)**

- ☐ NUR 120
- ☐ NUR 130
- ☐ NUR 240
- ☐ NUR 250



## **Section 2: Academic Information**

**Current Level of Education (e.g., High School, Undergraduate, etc.):**

**Program/Major**

**Expected Graduation Date:**

## **Section 3: Financial Information**

**Are you currently employed? (Yes/No)** If yes, please describe your job and monthly income:

☐ Yes

☐ No

Monthly Income

Job Description

**Do you receive any financial assistance? (scholarships, grants, family support)**

If yes, please list the source and amount:

**Estimated total monthly household income: \$**

**Number of dependents in your household (including yourself):**

**Describe any major financial responsibilities or hardships (e.g., medical expenses, loans, loss of income):**

## **Section 4: Supporting Documents (to be submitted with the form)**

- Most recent academic transcript
- Proof of household income (pay slips, tax return, or a letter from employer)
- Recommendation letter (academic or personal)
- Any additional documents relevant to your financial situation

## **Section 5: Motivation & Goals**

**Why are you applying for this scholarship?**

**How will this scholarship help you achieve your academic and career goals?**

**What are your long-term goals after completing your education?**

## **Section 6: Release of Information and Declarations**

By signing below, I certify that the information contained in this form is true. I also give my permission for all information in this form as well as the relevant information in my Gila Community College record, including transcript and entrance information, to be available to Nursing advisors to determine continuing eligibility for this scholarship. I understand that this form will become a part of my official student record at Gila Community College.

**I certify that the information provided is true and accurate to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_