

# JULIA O. WELLS SCHOLARSHIP APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

SSN (Last Four): \_\_\_\_\_

**ARE YOU A GRADUATE OF MEMORIAL SCHOOL OF NURSING? Yes\_\_ No\_\_**

Check Student Status:

RSC \_\_\_\_\_ SAW \_\_\_\_\_

GRADUATE \_\_\_\_\_ (Circle Track: AHN, CHN, FNP, ANP, GNP, PMHN), DNS \_\_\_\_\_

Expected Course Load: **(You must be a matriculated student in The Sage Colleges Nursing Program.)**

(# of Credits) \_\_\_\_\_ Semester \_\_\_\_\_ 20 \_\_\_\_\_

Course title(s) and number(s) you expect to register for:

\_\_\_\_\_  
\_\_\_\_\_

Do you receive tuition reimbursement from your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how much? \$ \_\_\_\_\_

Have you received or do you expect to receive any other student financial assistance (i.e., Federal Nurse Traineeship, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how much? \$ \_\_\_\_\_

The information provided on this application is accurate to the best of my knowledge. If there are any changes, I will promptly notify the Nursing Department at The Sage Colleges.

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

RETURN APPLICATION TO:  
The Sage Colleges, Department of Nursing  
65 First Street, Troy, New York 12180  
or fax at 518-244-2009

Admissions, financial aid, all facilities and programs at The Sage Colleges are offered on equal terms without respect to race, color, creed, national origin, or handicap.

**APPLICATION DEADLINE:**

July 1st - Fall Term  
November 1st - Spring Term  
April 1st - Summer Session