

**UNIVERSITY OF PITTSBURGH  
SCHOOL OF NURSING STUDENT SERVICES OFFICE  
PIRATE ALUMNI SCHOLARSHIP FUND FOR AFRICAN-AMERICAN STUDENT SUPPORT**

Please read the attached instructions carefully. Complete and return this application by ***March 15*** of each academic year to , School of Nursing – Student Services Office, 3500 Victoria Street, 239 Victoria Building, Pittsburgh, PA 15261 Attn: April Bruce.

**In addition to this application, submit an essay describing your future professional goals, university transcript and two letters of recommendation.**

Applicants will be notified if they have been awarded any scholarship funds.

1. Name: \_\_\_\_\_ PSID: \_\_\_\_\_

Class or Program: \_\_\_\_\_

2. Local Address: \_\_\_\_\_

number and street

city

state

zip code

Permanent Address: \_\_\_\_\_

number and street

city

state

zip code

3. US citizen: \_\_\_ or admitted to USA for permanent residence: \_\_\_\_\_

4. Home Telephone: (\_\_\_\_) \_\_\_\_\_ or Cell Telephone: (\_\_\_\_) \_\_\_\_\_

5. List your scholastic achievements within the School of Nursing \_\_\_\_\_

6. Describe any academic, extra curricular, employment or other activities which are important and unique to you within the following:

School of Nursing/University: \_\_\_\_\_

Community/Professional Organizations: \_\_\_\_\_

7. List any special awards or honors received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you received any scholarship(s) or loans for this academic year? \_\_\_Yes \_\_\_No

9. Have you received financial assistance from any source for any previous academic year? \_\_\_Yes \_\_\_No

10. Name and address of your present or most recent employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Full Time \_\_\_ Part-Time \_\_\_

Annual Salary or Hourly Rate \_\_\_\_\_ Average Hours Worked Per Week: \_\_\_\_\_

11. Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

12. If spouse is employed, give name of employer: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

13. Please briefly describe your financial need.

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**PIRATE ALUMNI AFRICAN-AMERICAN SCHOLARSHIP REFERENCE FORM**

Student's Name \_\_\_\_\_ Phone \_\_\_\_\_

The above student is applying for a scholarship offered through the School of Nursing. Please describe how you know the student; her/his leadership ability; clinical skills (if applicable); and professional promise. Please return this form to the student by the deadline date for the particular scholarship. Thank you.

Faculty Name \_\_\_\_\_ Date \_\_\_\_\_