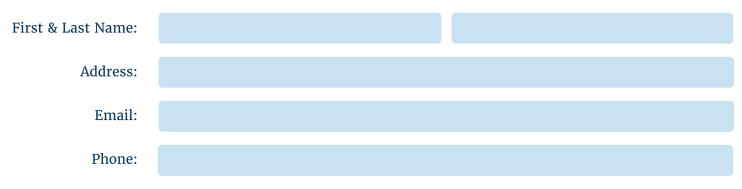


#### **Personal Information**



## **Nursing School/Education**

School of Nursing:	
Program Start Date	Program End Date
Current Credentials:	
Current GPA:	
Class Level: (check one)	MSN DNP PhD
Completed at least 1 semester in program: (check one)	Yes No
<b>U.S. Citizen:</b> (check one)	Yes No





#### **Nursing Career**

Please use the text box below to briefly describe your short-term and long-term goals related to your career in nursing.



# Scholarship Application (Undergraduate)

## **Application Agreement**

With my signature below,

- I certify that the information provided above and in my written submission is complete and accurate.
- I certify that my submitted written content is an original work, non-plagiarized in any amount, is free from copyright, and has not been written with the help of Artificial Intelligence (AI).
- I understand that CEUFast, Inc. has the right to verify all information provided and incorrect information may result in disqualification.

Student's Signature/Acknowledgement

Date