



Personal Information

First & Last Name:

Address:

Email:

Phone:

Nursing School/Education

School of Nursing:

Program Start Date

Program End Date

Current Credentials:
(if any)

Current GPA:

Class Level: ADN
(check one) BSN

Completed at least Yes
1 semester in program: No
(check one)

U.S. Citizen: U.S. Citizen
(check one) International student attending a U.S. nursing program
 Neither



CEUfast[®]
NURSING CE

Scholarship Application *(Undergraduate)*

Nursing Career

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





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 certify that my written content has not been previously submitted for credit in any course.
- 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

Past scholarship recipients are not eligible to reapply.

CEUfast, Inc. reserves the right to publish the winning course, in whole or in part.

These courses may not be published elsewhere without written permission from CEUfast, Inc.

Please note that due to the volume of entries, no materials will be critiqued or returned with individual comment.