



A LEADING AMERICAN UNIVERSITY WITH INTERNATIONAL REACH

Dr. Joe Zaydon Pre-Med and BSN Scholarship Application		
Instructions: Please complete the application, save, email to hpa@wku.edu , and attach supporting application materials.		
APPLICANT INFORMATION		
Name:		
WKU ID Number:		
Local address:		
Mailing address: (if different than above)		
City:	State:	ZIP Code:
Local Phone:	E-Mail Address:	
WKU INFORMATION		
Major:	Minor:	
Overall GPA: _____ (minimum 3.5)	Earned Credit Hours: _____ (minimum 70)	
SUPPORTING APPLICATION MATERIALS		
Please attach a short statement (two pages or less) that discusses your interest in medicine or nursing. Be sure to include the following in your essay: 1. Describe your career goals. 2. Describe any clinical experiences in medicine or nursing.		
FOR MORE INFORMATION ON THIS SCHOLARSHIP, PLEASE CONTACT:		
hpa@wku.edu		
SIGNATURE		
I grant approval to authorize the verification of the information provided on this form. I agree that typing my name in the signature box shall serve as my signature.		
Signature of applicant:	Date:	

**ALL APPLICATIONS FOR THIS SCHOLARSHIP
MUST BE SUBMITTED TO hpa@wku.edu
and RECEIVED BY APRIL 10, 2017.**