

**SOUTHWEST BAPTIST UNIVERSITY-SPRINGFIELD**  
**St. John's College of Nursing and Health Sciences**  
**MARY MCFARLAND CATHY HATFIELD**  
**MEMORIAL SCHOLARSHIP**  
For St. John's College of Nursing and Health Sciences students only

**Criteria:**

**Applicants must be a Registered Nurse and pursuing a Bachelor of Science Degree in nursing (BSN), and currently enrolled in at least six credit hours of coursework for the fall semester.**

To apply, please complete the application below and return this form in person, by mail or by fax.

Mail applications to:  
Attention: Scholarship Committee  
Student Services  
4431 S. Fremont  
Springfield, MO 65804  
417.820.5032 Fax: 417.887.4847

Applications must be received in the Student Services Office by 1:00 p.m. on or before the last business day in April. This scholarship is awarded in May for the Fall-Spring semesters.

Please print clearly and fill in all blanks

Student ID#: \_\_\_\_\_

Name: \_\_\_\_\_

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

Marital Status: \_\_\_\_\_ Number in household: \_\_\_\_\_ Number in college: \_\_\_\_\_

College hours completed: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

Have you completed a Free Application for Student Financial Aid?  Yes  No

*Briefly explain extenuating circumstances involved in need. Please write clearly, using proper grammar, and spelling. If you need extra space use an additional sheet of paper and staple to application.*

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