

**St. John's/SBU College of Nursing and Health Sciences
MARY MCFARLAND CATHY HATFIELD
MEMORIAL SCHOLARSHIP**

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
rthomas@sbuniv.edu
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.
