

The Centennial Umbrella Scholarship

2025 Nomination Form

Nursing Student Name _____ School ID# _____

Home Street Address _____  _____

City _____ State _____ Zip Code _____

Phone:

Home _____ Work _____ Cell _____

Email: _____  - - - -

Scholarships will be awarded in the following categories, please indicate the program you are enrolled in: Generic _____ Accelerated _____ LPN to RN _____
_Pathway to BSN

Attach the following:

1. Narrative Statement not to exceed 1 page *addressing the student's need for the scholarship and future goals*
2. Current transcript
3. 2 letters of recommendation: one from a faculty member of the School of Nursing

DEADLINE FOR SUBMISSION: June 1 for Fall and December 1 for Spring

Submission Instructions: Scan completed application and supporting paperwork as **one document** and send scanned document by email to: jfkmuhlenbergscholarships@hmhn.org

KEEP A COPY OF THIS APPLICATION FOR You RECORDS