

## Criteria for Associate Degree Nursing (A.D.N) Academic Scholarship (s)

Both scholarships cover tuition and fees for 2 terms

### Generic Program

1. Student must be accepted into Generic Associate Degree Nursing Program.
2. The scholarship will be awarded only to incoming first time admissions and will only pay for courses listed in nursing curriculum.
3. Minimum 2.75 college GPA / 3.0 high school GPA.
4. ACT reading score of 18 or a Compass reading score of 80. **NOTE: Copy of report must be sent along with application.**
5. Copy of High School or College transcript (whichever is applicable) must be included with application for consideration.
6. The scholarship is renewable a second year provided the student completes all courses in the generic A.D.N. curriculum, with a minimum grade of "C" (75%) and maintains a minimum of 2.5 cumulative GPA.

### Mobility Program

1. The student must be LPN who has been accepted for admission into the Mobility track of the A.D.N. program.
2. The scholarship will be awarded only to incoming first time admissions and will only pay for courses listed in the nursing curriculum.
3. Minimum of 2.75 College GPA.
4. ACT reading score of 18 or Compass reading score of 80. NOTE: Copy the report must be sent along with application.
5. Copy of College transcript (s) must be included with application for consideration.
6. The student must complete all courses listed in the mobility curriculum with a minimum grade of "C" (75%) and a minimum cumulative GPA of 2.5.

### Stipulations

1. Failure of nursing course results in forfeiture of scholarship.
2. Academic Nursing Scholarships will not be awarded in conjunction with other tuition and fees scholarships.
3. All applications must apply for federal financial aid.
4. **Students must submit application, copy of transcripts and all other requested documents to the Financial Aid Department for review by published deadline.**

### DEADLINE:

**Fall, Spring, and Summer – 10 days prior to 1st day of class**

**NOTE: A NEW APPLICATION MUST BE SUBMITTED EACH PERIOD.**

**Associate Degree Nursing (A.D.N.)  
Academic Scholarship Form for Generic and Mobility Programs**

Name: \_\_\_\_\_ ID# \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of College or High School \_\_\_\_\_

**GPA: High School \_\_\_\_\_ or College \_\_\_\_\_ / Act Score \_\_\_\_\_ (attach report) \_\_\_\_\_**

Which scholarship are you applying for? (Check one)    Generic \_\_\_\_\_ Mobility \_\_\_\_\_

Which term will you start the program? (Check one)    Summer/Fall \_\_\_\_\_ Fall/Spring \_\_\_\_\_

List all Financial Aid and Scholarships

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\_\_\_\_\_

Explain your financial need (please be specific)

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\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Return all scholarship information to: Wallace Community College Selma  
Financial Aid Department  
3000 Earl Goodwin Parkway  
P.O. Box 2530  
Selma, AL 36702-2530**