

PNWU Virginia Hislop Emergency Fund Requirements

The following should be sent in one complete packet to the PNWU Office of Development for scholarship committee consideration:

- Completed and signed Application Form and Applicant's Statement
- Personal Statement

Incomplete packets or packets that do not comply with the application requirements will not be forwarded to the selection committee.

Personal Financial Statement

The applicant shall provide a personal statement. The personal statement should be no more than 2 pages in length with one-inch margins, double-spaced, and using a font 10-point or larger. The statement should illustrate the financial emergency or unanticipated expenses causing financial hardships. Please include supporting documentation or a copy of receipts.

Email Completed Application Packet To

Lauri Roberson
Office of Development
lroberson@pnwu.edu or
development@pnwu.edu

Additional Information

For additional information or questions regarding this application please contact Lauri Roberson at lroberson@pnwu.edu or 509.249.7874.

PNWU Virginia Hislop Emergency Fund Eligibility and Criteria

Eligibility

This fund is open to any student enrolled at Pacific Northwest University of Health Sciences who is enrolled as a student during the fall of that same year. All applicants must be in good academic standing.

Applicants shall meet the following criteria:

- Demonstrate leadership efforts in addressing the health needs of rural and underserved populations
- Experience a financial emergency or unanticipated expenses causing financial hardships

PNWU Virginia Hislop Emergency Fund Application Form

Student Information *(please print or type):*

Last Name: _____ First Name: _____

Current Address: _____

City/State/Zip Code: _____

Phone Number: _____ E-mail address: _____

Healthcare Education Year as of fall of the award year *(choose one):*

OMS I, II, III, or IV

MAMS

SPT 1, II, or III

MSOT I or II

PNWU Scholarships Applicant's Statement

1. I am in financial need to continue my education at Pacific Northwest University of Health Sciences (PNWU).
2. I am a full-time PNWU student in good standing.
3. I fully understand that the granting of any funds is conditional upon faithful attendance of classes and performance of duties as a student and upon the maintenance of good academic standing and honorable conduct without discredit to PNWU or the healthcare profession.
4. I certify that the above information and all accompanying documents are correct to the best of my knowledge. I also authorize the PNWU scholarship committee to access official transcripts from my student file to verify my academic standing in the decision-making process.

Applicant's Signature

Date