



Widows Home Student Toolbox Scholarship

Purpose: This fund assists students in overcoming economic hardships that might prevent completion of the program of study. The funds are available year-round to females, who legally and officially reside in Georgia, with a preference given to those who live in Richmond or Columbia Counties, enrolled- full time in the pre-licensure nursing programs (BSN and CNL) and currently attending classes on the Augusta Campus. Funds will be disbursed at the discretion of the Assistant Dean of the College of Nursing, based on applications initiated or supported by faculty referrals.

Application: In order to apply for the Widows Home Fund, please complete the following application providing as much detail as possible. In addition, we recommend discussing your situation with your academic advisor so that he/she may be an advocate for you. In extenuating circumstances, the faculty advisor may apply on behalf of the student.

Demographic Information

Name: _____	Banner ID: _____
Email Address: _____	Primary Phone: _____
Program: _____	Graduation Date: _____
Academic Advisor: _____	Date of Application: _____

Description of Situation

Explain your financial hardship in detail, explaining the nature of the emergency, timeline, and current financial situation.

Specifically describe the expenses for which you are requesting funds and the amount needed for that expense. **Example:** Flight to Louisville, Kentucky for a family funeral - \$525.

Description of Expense	Requested \$ Amount
Total Requested	

Faculty Referral

Have you discussed this information with your faculty to advisor or program director? ___Yes ___No

Application Status

Have you applied for this scholarship before? ___Yes ___No

Verification of Information

I hereby verify that the above information is true and correct to the best of my knowledge and belief. If needed, I will supply additional documentation regarding my financial circumstance and financial requests. I understand that the Student Affairs Office may contact my program director or faculty advisor to discuss the information I have provided.

Applicants Signature

Date

Please submit this application the College of Nursing Student Affairs Office by email to PCOOK@augusta.edu or by fax to 706-721-7390.