



# Scholarship Application

Please return to Cox College Financial Aid Office 110

1423 N. Jefferson Avenue • Springfield, MO 65802 • Fax 417-269-3586

This scholarship application will be used for all general scholarships offered through Cox College and the CoxHealth Foundation. Separate applications are required for the Cox Auxiliary Scholarship.

Scholarships are awarded to students with a background matching the donor's criteria. Need-based scholarships are awarded to students with a financial need; this information is taken from the Free Application for Federal Student Aid. Merit based scholarships are awarded based on the student's GPA.

Application must include a personal essay (1-2 pages) and one letter of professional and/or academic reference from individuals who can verify your abilities and background. **Omission of any of the required pieces of this application will void your application. Please submit your essay and reference at the same time as the application.**

## Student Profile

Legal Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street City State Zip Code*

County: \_\_\_\_\_ Birthplace: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  
*Month Day Year*

Family Size: \_\_\_\_\_ Other family living in the home: \_\_\_\_\_

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## Enrollment Information

I am a  First year (0-30 credit hours)  Second year (31-60 credit hours)  
 Third year (61-90 credit hours)  Fourth year and beyond (91 credit hours and above)

I am enrolled  full time (12+ credit hrs)  three-quarter time (9-11 credit hrs)  
 half time (6-8 credit hrs)  less than half time (0-5 credit hrs)

Please select the following program you are enrolled:

- Associate of Science (ASN)
  - Associate of Science (ASN) – Advanced Placement (Licensed Practical Nurses only)
  - Bachelor of Science in Nursing (BSN)
  - Early Decision Option (high school junior or senior only)
  - RN to BSN Completion (for registered nurses who have a diploma or ASN degree)
  - BSN Accelerated (for graduates with a bachelor's degree in another discipline)
  - Associate of Science in Radiography (ASR)
  - Associate of Science in Medical Assisting (AS)
  - Medical Billing/Coding (Certificate)
  - Medical Transcription (Certificate)
  - Dietetic Internship (Certificate)
  - Master of Science in Nursing
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## Education Information

Name of high school \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduation month/year \_\_\_\_\_

If not a high school graduate, have you earned the General Equivalency Diploma (GED)?  Yes  No

State: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

Have you taken the ACT or SAT college entrance exam?  Yes  No

If yes, which test?  ACT  SAT Date: \_\_\_\_\_

Have you ever been dismissed or suspended from any college?  Yes  No

If yes: name of college: \_\_\_\_\_ State: \_\_\_\_\_ Year: \_\_\_\_\_

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## Areas of interest/specialty specialty in healthcare field (obstetrics, geriatrics, sonography, etc.)

\_\_\_\_\_  
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## Ethnic Information (Optional)

- White/Non-Hispanic  Hispanic/Latino  American Indian/Alaskan Native  
 Black, Non-Hispanic  Asian/Pacific Islander  Multi-Ethnic

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## Citizenship

Are you a U.S. citizen?  Yes  No

Only persons who hold "permanent residence" status and meet the TOEFL score standard of at least 500 may apply.

*Proof of permanent residency is required.*

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## Rural Development

Do you live in a rural community?  Yes  No

If yes, what county? \_\_\_\_\_ Population Size \_\_\_\_\_

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## Financial Aid Information

Have you completed the current year Free Application for Federal Student Aid (FAFSA)?  Yes  No

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**Outside Resources** – If you receive outside resources that must be applied toward tuition and fees, this may affect your scholarship award eligibility.

Are you a veteran or on active duty in the U.S. Armed Forces?  Yes  No

If yes, do you receive Veterans Affairs or Voc Rehabilitation assistance?  Yes  No

Do you receive outside assistance from any organization?  Yes  No

If yes, name of organization \_\_\_\_\_ Amount \_\_\_\_\_

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## Applicant's Signature

The statements I have made in this application are correct to the best of my knowledge. I understand that any misrepresentation or omission of facts requested in this application is cause for disqualification for admission or for dismissal from Cox College. If admitted, I agree to conform to all rules and regulations of Cox College. I also agree to give Cox College permission to share criminal background and immunization records with clinical agencies.

Cox College does not discriminate on the basis of age, sex, color, disability, marital status, race, religion, ethnic or national origin. The college is committed to a policy that all qualified persons shall have access to its programs and facilities. Any person having concerns with respect to rights under Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1992, Title VI of Civil Rights Act of 1964 and Age Discrimination Act of 1975, or Title IX of the Education Amendments of 1972 should contact the Director of Student Services/Section 504 Coordinator, at Cox College, 1423 N. Jefferson Ave., Springfield, MO 65802; phone number 417-269-3598.

Signature \_\_\_\_\_

Date \_\_\_\_\_