

TEMPLE UNIVERSITY COLLEGE OF HEALTH PROFESSIONS  
DEPARTMENT OF NURSING

**Philadelphia General Hospital Alumni (PGH) Scholarship Fund**

**Textbook Award for RN-BSN Students**

**PGH Alumni Support for Textbooks** (reimbursement or vouchers)

A. **Criteria**

1. Must be a matriculated (\*) student in the Department of Nursing
2. Must be registered for a minimum of two credits
3. Priority will be given to students who are continuously enrolled
4. Must maintain a minimum 2.5 grade point average (GPA)

B. Award distribution based upon financial need. No essay required.

C. Must submit copies of original receipts to verify expenses. Only textbooks will be reimbursed.

D. Application due:

**Fall Semester: October 1<sup>st</sup>**

**Spring Semester: March 1<sup>st</sup>**

E. No faxes of application will be accepted. Please mail to completed application and copies of original receipts to:

**Sara Swan  
Temple University, CAHP  
Department of Nursing  
3307 North Broad Street  
Philadelphia, PA 19140**

**You will be notified by letter of the Committee's decision.**

**\*Matriculated-this means that you have formally applied and have been accepted into the College of Health Professions and the RN-BSN major.**

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**RN-BSN Financial Aide/Textbook Application**

1. \_\_\_\_\_  
Last Name First Name Middle Initial

2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
TUID# Date of Birth Age

5. **Local Address:** \_\_\_\_\_ **Permanent Address:** \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

6. Home Tel. ( ) \_\_\_\_\_ Work Tel. ( ) \_\_\_\_\_

7. Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_  
Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

8. Number of Children: \_\_\_\_\_

9. Do you own? \_\_\_\_\_ rent? \_\_\_\_\_

10. Do you work full-time? \_\_\_\_\_ part-time? \_\_\_\_\_  
(hours/week) (hours/week)

11. Have you been officially admitted into the RN-BSN nursing program? Yes \_\_\_\_\_ No \_\_\_\_\_  
Date of Acceptance \_\_\_\_\_

12. Course Name & # \_\_\_\_\_ # Credits \_\_\_\_\_  
Textbooks & Prices \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Information: Full Amounts and Source**

Your annual income \_\_\_\_\_ Other household members' annual income \_\_\_\_\_

Saving account balance \_\_\_\_\_ Checking account balance \_\_\_\_\_

Tuition remission \_\_\_\_\_ Federal grants \_\_\_\_\_

State grants \_\_\_\_\_ Other scholarships & grants \_\_\_\_\_

**Incomplete Applications will not be reviewed.**

How much did you spend on books? \_\_\_\_\_

**SUBMIT COPIES OF YOUR RECEIPTS  
WITH THIS APPLICATION**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date