

2007 - 2008
Doctors Bruce & Lee Scholarship
Eligibility Certification

In order to receive the Bruce & Lee Nursing scholarship, you must meet the following criteria:

- **Must be accepted into the Upper Division Nursing program at FMU.**
- **Must be enrolled in a minimum of 12 hours of Upper Division Nursing courses each semester.**
- **Must be a bona fide resident of Florence, Darlington, Dillon, Marion, Williamsburg, Clarendon, or Marlboro counties.**
- **Must be recommended by the Nursing department.**
- **Must have a signed '2007-08 Doctors Bruce & Lee Scholarship Eligibility Certification form' on file in the Office of Financial Assistance.**

YOU must notify the Office of Financial Assistance if, at any time, any of the following occur:

- **You are not or will not be enrolling in a minimum of 12 hours of Upper Division Nursing courses.**
- **You are dismissed from or no longer allowed to continue in the Upper Division Nursing program.**
- **You change your major.**
- **Any other changes in your circumstances that may effect your eligibility.**

Important: **If any of the changes above occur, your scholarship will be cancelled for the appropriate semester(s), your financial aid budget will be reduced, and your financial aid awards adjusted accordingly.**

Certification Section (read, sign, and return to the Office of Financial Assistance):

I understand that this scholarship cannot be applied to my account until this signed certification form has been received by the Office of Financial Assistance.

I certify that I meet the eligibility requirements listed at the top of the certification form.

I agree to notify the Financial Assistance Office if, at any time, my circumstances change and I do not or will not meet the eligibility requirements for the Bruce & Lee Nursing scholarship.

I understand that if, at any time, my circumstances change that my scholarship will be cancelled for the appropriate semester(s), my financial aid budget will be reduced, and my financial aid awards will be adjusted accordingly.

Student's signature: _____ **Soc Sec#:** _____

Date: _____

Upon completion, return this form to:

FA 5/06

Francis Marion University
Office of Financial Assistance
PO Box 100547
Florence, SC 29501-0547
843- 661-1195 (fax)

Note: Awards are made based on recommendations from the Nursing department and the amount is dependent upon availability of funds. Students accepted into the Upper Division Nursing program after initial awards are made are not guaranteed scholarship funds.