



The 2025-2026 McLean Scholarship for Nursing and Physician Assistant Majors

Application

Student Name:

First

Middle Initial

Last

Permanent Mailing Address*: _____

Address Line 2: _____

City: _____ State: _____ ZIP: _____

Student Phone Number: _____

Student Campus Email Address: _____

Student Alternative Email: _____

*Permanent home address should be a location at which you can receive mail sent to you during summer 2025. Your address, phone number, and email address will be used to notify you of your application status; they will not be used for any other purpose.

Student Academic Information

College or University currently attending: _____

Class Year: Freshman Sophomore Junior Senior

Major: _____ Minor (if any): _____

Cumulative GPA: _____ GPA in major: _____

Expected date of Graduation: _____
Month/Year

STUDENT APPLICANT: Certification and Authorization

I certify that to the best of my knowledge the information contained in this application and in my scholarship essay is complete and accurate. I authorize the release of information from my college or university to the Association of Independent Colleges and Universities of Pennsylvania (AICUP) to confirm the information contained in this application.

Student Signature: _____ Date: _____
(Please type full name)

____By initialing here, I also permit AICUP to use my name and institution and a quote from my essay in a news release and other promotional material should I be selected as a recipient of the 2025-2026 McLean Scholarship.

The information below should be completed by the financial aid office at your college or university.

FINANCIAL AID OFFICE: Confirmation

By my signature below, I confirm that my institution is nominating the above student for consideration of receiving the 2025-2026 McLean Scholarship awarded through the Association of Independent Colleges and Universities of Pennsylvania.

Name of Financial Aid Officer: _____

Title of Financial Aid Officer: _____

Email Address: _____

Phone: _____

Signature: _____ Date: _____
(Please type full name)