

Saint Francis Hospital School of Nursing Alumni Association Scholarship

The Saint Francis Hospital School of Nursing Alumni Association is fortunate to have endowed funds to provide financial support for those pursuing a career in nursing, as well as those advancing their career in nursing. The legacy of Saint Francis School of Nursing Alumni has a lasting effect of the profession of nursing by awarding these funds to those who display strong academic pursuit, leadership skills, diverse challenges, and financial need.

Scholarship Eligibility Criteria

Affiliation Criteria *(Select all that apply)*

- Active Saint Francis Hospital School of Nursing Alumni Member (as of June 30, 2015)
- Family member of an active Alumni Member
Name of Alumni Member _____ *Relationship to:* _____
- Graduate of the Saint Francis Hospital School of Nursing
- Family member of a graduate of the Saint Francis Hospital School of Nursing
Name of graduate: _____ *Relationship to:* _____
- Current Saint Francis Hospital and Medical Center Employee
Department/Title: _____ *Full or Part Time:* _____
- Member of the community

Education Criteria

The scholarship applicant must be currently enrolled in a nursing degree program at an accredited college or university. *(Select your current status)*

- Associate Degree of Nursing (must be entering 2nd year)
- Bachelor of Science in Nursing (must be entering 3rd or 4th year)
- RN to BSN Program (includes online or hybrid programs, must be currently enrolled)
- Master of Science in Nursing or APRN (must be currently enrolled)
- Doctoral Program in Nursing or related Healthcare track (must be currently enrolled)

Required Documentation

- Completed Application Packet (including typed Letter of Intent)
- Transcripts from current nursing degree program or most recently completed nursing degree program (unofficial transcripts are acceptable)
- Two typed letters of Recommendation (current/most recent manager, and current/most recent academic professor, clinical instructor, or advisor)



Scholarship Application

Name	Click or tap here to enter text.
Home Address	Click or tap here to enter text.
Contact Number	Click or tap here to enter text.
Email Address	Click or tap here to enter text.

University/College currently enrolled in	Click or tap here to enter text.
Degree Seeking	Click or tap here to enter text.
Full or Part Time/ # of credits currently enrolled	Click or tap here to enter text.
Cost Per Credit	Click or tap here to enter text.
Current GPA	Click or tap here to enter text.
Expected Date of Graduation	Click or tap here to enter text.

Indicate Source and amount of current financial assistance you are receiving if applicable	
Grants	Click or tap here to enter text.
Employer Tuition Reimbursement	Click or tap here to enter text.
Scholarships	Click or tap here to enter text.
Federal Assistance	Click or tap here to enter text.
Other	

Employment

Full time ___ Part time ___ Not employed ___

If employed: Location _____ Position _____

Please include a typed letter of intent describing your background, professional career goals, achievements, extracurricular involvements, and any other information the committee would find useful during the application review. (Minimum 1 page)

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Letter of Recommendation Form

Name of Applicant	
Relationship to Applicant	<input type="checkbox"/> Supervisor
	Name of Organization:
	Years Known:
	<input type="checkbox"/> Faculty Member
	Name of University/College:
	Years Known:
	<input type="checkbox"/> Other
	Describe Relationship:
	Years Known:

Please include a typed letter of recommendation, which accurately demonstrates the applicant's academic, professional, and/or personal accomplishments, character, and/or work ethic.

Name (print)	
Signature	
Title	
Date	

*Completed Scholarship Applications and Letters of Recommendation are due by **July 15th** to:*

Sharon Silas

Saint Francis Foundation

95 Woodland Street

Hartford, CT 06105

Phone: 860-714-1535

Fax: 860-714-8069

ssilas@trinityhealthofne.org