

## 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 2<sup>nd</sup> year)
- ☐ Bachelor of Science in Nursing (must be entering 3<sup>rd</sup> or 4<sup>th</sup> 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

<b>Name</b>	Click or tap here to enter text.
<b>Home Address</b>	Click or tap here to enter text.
<b>Contact Number</b>	Click or tap here to enter text.
<b>Email Address</b>	Click or tap here to enter text.

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

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

### 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)

## Saint Francis Hospital School of Nursing Alumni Association Scholarship

### Letter of Recommendation Form

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

<b>Name (print)</b>	
<b>Signature</b>	
<b>Title</b>	
<b>Date</b>	

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

**Brenda Carbone**

Saint Francis Foundation  
95 Woodland Street, 2<sup>nd</sup> Floor  
Hartford, CT 06105  
Phone: 860-714-4900  
Fax: 860-714-8069

[bcarbone@trinityhealthofne.org](mailto:bcarbone@trinityhealthofne.org)