

CRITERIA FOR NURSING SCHOLARSHIP

The Alumni Association of Saint Francis Hospital School of Nursing is fortunate to have endowed funds that provide financial support for undergraduate and graduate nursing students. The specificity of the fund criteria varies greatly in terms of academic standing, leadership qualities, diversity, and/or financial need. Students are required to include two letters of recommendation, fill out the three page form below in its entirety and submit by June 15 to Ana Moore, anmoore@stfranciscare.org to be considered for a scholarship award.

1. To be eligible for Scholarship, the candidate will reflect one of the following:

- a. Be an active Alumni Member as of June 30, 2015.
- b. Be a family member of an active Alumni Member.

Identify member _____

c. Be a graduate of the school.

Name and date of graduation _____

d. Be a family member of a graduate.

Name and date of graduation _____

e. Be a Saint Francis Employee

List department and position _____

f. Be a Member of the Community

Please circle one of the above

2. The applicant for scholarship must provide evidence that:

- a. The course of study be undertaken at an accredited college or institution or an accredited on-line program
- b. If the applicant is pursuing an Associate Degree must be entering the 2nd year
- c. If the applicant is pursuing a Baccalaureate Degree must be in 3rd or 4th year
- d. If the applicant is pursuing a Masters or Doctorate must be matriculated
- e. If in an accredited on-line nursing program must have official acceptance

3. Scholarship recipients are responsible for:

- a. Providing notice to the committee of successful completion of academic study
- b. Providing to the committee notice of failure of courses. This will necessitate return of scholarship
- c. Submitting transcripts of previous grades

PLEASE RETURN ALL FORMS AND LETTERS OF RECOMENDATION BY JUNE 15



SCHOLARSHIP QUESTIONNAIRE

Name _____

Address _____

Phone and email _____

4. Are you presently enrolled in a nursing program of study? _____ Where _____

5. Do you plan to attend school full or part time? _____

6. Please indicate number of semester hours, courses and cost. _____

7. What degree are you seeking?

() Associate () Bachelors () Masters () APRN () PhD

8. Are you presently matriculated in your program? _____

9. What is your expected date of graduation? _____

10. Please indicate the source and amount of financial assistance you are receiving or have applied for:

a. School attending financial assistance (amount) _____

b. If working employer tuition assistance (amount) _____

c. Other Scholarships (amount) _____

11. Please provide any other information the committee will find useful, as well as personal and professional goals (attach additional information) _____

12. Please provide two professional references from a faculty member and healthcare member.

13. If a graduate of a Nursing Program, name and date of graduation _____



Trinity Health
Of New England

Alumni Association of Saint Francis Hospital School of Nursing Scholarship

Saint Francis Foundation

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SCHOLARSHIP RECOMMENDATION FORM

Please submit two letters of recommendation with completed forms by JUNE 15 to:

Saint Francis Foundation Scholarship Committee, Attention: Ana Moore, 95 Woodland Street,
Hartford, CT 06105 OR anmoore@stfranciscare.org.

APPLICANT'S NAME _____

1. What is your relationship to the applicant

() Employee/Supervisor

() Faculty Member

() Other

2. Please comment on any exceptional scholastic and /or professional accomplishments exhibited by the applicant.

Name (please print) _____

Signature _____

Title _____ **Date** _____

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