

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 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
- d. Request for application must be made by June 15
- e. Submission of completed application by July 15

PLEASE RETURN ALL FORMS AND LETTERS OF RECCOMENDATION BY JUNE 15

Saint Francis Foundation • 95 Woodland Street, Hartford, Connecticut 06105

Phone 860-714-4900 • Fax 860-714-8069 • www.saintfrancisdonor.com

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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 _____

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SCHOLARSHIP RECOMMENDATION FORM

Submit letters of recommendation to:

Saint Francis Foundation Scholarship Committee, 95 Woodland Street, Hartford, CT 06105

Please submit two letters of recommendation with completed forms.

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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