



Alumnae Association of the Hartford Hospital School of Nursing

NURSING SCHOLARSHIP APPLICATION

INSTRUCTIONS: Please complete all sections of this application and send to the Scholarship Committee to be received no later than March 1st. Your resume may be attached (optional).

Please check two undergraduate graduate HHSN Graduate
 Hartford Hospital Employee Institute of Living Employee

PLEASE PRINT OR TYPE

1. Name: _____

2. Permanent Address: _____

3. Telephone _____ Cell: _____ Email: _____

4. Name of HHSN Graduate (include Maiden name) and year graduated: _____

Your relationship to graduate of HHSN _____

5. Name Of Educational Institution Attending:

Address: _____

Degree to be Obtained _____ Expected Completion Date _____

RECENT EDUCATIONAL INSTITUTIONS ATTENDED (if applicable)

6. Name Of Institution: _____

Address: _____

Attended From _____ To _____

Degree Earned? Yes _____ No _____ Major _____

7. Name Of Institution: _____

Address: _____

Attended From _____ To _____

Degree Earned? Yes _____ No _____ Major _____

RECENT EMPLOYMENT EXPERIENCE (if applicable):

8. Name Of Employer _____

Address _____

Position Held _____

Full Time Part Time

Dates Of Service: From _____ To _____

Summary Of Responsibilities _____

9. Name Of Employer _____
Address _____
Position Held _____
 Full Time Part Time
Dates Of Service: From _____ To _____
Summary of Responsibilities _____

PROFESSIONAL/COMMUNITY/STUDENT ACTIVITIES

10. Name of Organization: _____
Type of Involvement: _____

Dates of Service: _____

11. Name of Organization: _____
Type of Involvement: _____

Dates of Service: _____

12. Name of Organization: _____
Type of Involvement: _____

Dates of Service: _____

13. **FINANCIAL NEED.** Briefly describe your financial need. (Please include aid available from employer or current educational institution)

14. **PROFESSIONAL GOALS.** Please provide a brief statement (150 words or less) about your personal and professional goals, as well as your reason for applying for the scholarship.
Please attach separate sheet.
(this must be completed for consideration)

Applicant's Name: _____
Applicant's Signature: _____
Date: _____