



**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 April 1st. Your resume may be attached (optional).

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Degree program     Undergraduate     Graduate     HHSN Graduate  
Employee of         Hartford Hospital     Institute of Living     Jefferson House

**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: \_\_\_\_\_

