



**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).

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:

_____ **Unit:** _____

Position Held: _____

Full Time **Part Time** **Dates of Service: From:** _____ **To:** _____

Summary Of Responsibilities: _____

9. Name Of Employer: _____

Address:

_____ **Unit:** _____

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: _____