*Saint Mary’s Hospital*

*School of Nursing Alumni Association*

**Scholarship Application**

**Submission Deadline: June 28, 2024 by 4:00 pm**

|  |
| --- |
| **APPLICANT INFORMATION** |
| **Name:** | **Phone #:** |
| **Address:** | **Email:** |
| **City/State/Zip:** | **Major/Field of Study (Must be healthcare related):** |
| **College/University to Attend or are currently attending:**\*Attach a copy of your acceptance letter\* | **Degree:** **Bachelor of Science: \_\_\_\_\_****Associate of Science: \_\_\_\_\_****Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **AFFILIATION CRITERIA** |
| **In order to be eligible, you must be a family member of an active or deceased Saint Mary’s School of Nursing Alumni Association** | Name of Alumni Member: Relationship to: Year of Graduation: |
| **REQUIRED ATTACHMENTS** |
| **Essay****Please complete and attach an essay on one of the following topics** |
| * + 1. Where do you see yourself in the future of health care?
 | * + 1. Why would you be a good recipient for a Saint Mary’s Hospital School of Nursing scholarship? What is your connection to SMH and/or the greater Waterbury community?
 |
| **Volunteer/Community Experience**On a separate page, please list any volunteer/community experience/hobbies/extracurricular activities you may have. |
| **Two Letters of Recommendation** |
| **Copy of Nursing or Health Related Acceptance Letter From College/University** |

Signature: Date: \_

Please mail this application with required attachments to: Ann Ferraro

|  |  |
| --- | --- |
|  | Saint Mary’s Hospital56 Franklin StreetWaterbury, CT 06706Or via email – aferraro@trinityhealthofne.org |

**Submission Deadline: June 28, 2024 by 4:00 pm**

Mark your envelope personal/confidential

Late or incomplete submissions will not be considered.

Thank you for your submission!