ALUMNI ASSOCIATION OF THE SCHOOL OF NURSING OF THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA NURSING SCHOLARSHIP

The Alumni Association of the School of Nursing of the Hospital of the University of Pennsylvania Nursing Scholarship Fund (“The Scholarship Fund”) was established in 1993 by the Board of Directors of the Nurses' Alumni Association of the Hospital of the University of Pennsylvania to provide financial support to nursing students and promote the field of nursing.

The Scholarship Fund will provide scholarships for tuition assistance to persons entering nursing or for those who are accepted in or enrolled in an NLN-accredited program (LPN, AD, diploma or BSN).

Recipients shall be selected on the basis of financial need, interest in the nursing profession, and acceptance in an NLN-accredited program.

Scholarships shall be given in the following order of priority:

1st a candidate who is a relative of a graduate of the School of Nursing of the Hospital of the University of Pennsylvania; for example a child, grandchild, niece or nephew.

2nd a candidate proposed by a graduate.

3rd a candidate who is a resident of Bucks, Chester, Delaware, Montgomery or Philadelphia county in Pennsylvania; Burlington, Camden or Gloucester county in New Jersey or New Castle county in Delaware.

Over time, scholarships have been awarded to applicants from all priority areas.

A Completed Application Includes:

☐ Completed all questions on the application form.
☐ Requested an official high school transcript.
☐ Requested an official post-secondary transcript (if applicable).
☐ Attached a copy of your school’s estimated costs and a description of how you plan to meet them.
☐ Attached your statement of ASPIRATIONS AND GOALS.
☐ Attached a letter of support from your sponsor.
☐ Supplied Recommendation Forms to each of your two references.
☐ Signed and dated the application form.

By May 15, 2015, completed applications, transcripts and recommendations must be received by mail or delivered to:

The Philadelphia Foundation
Attn: Alumni HUP Nursing Scholarship
1234 Market Street, Suite 1800
Philadelphia, PA 19107
ALUMNI ASSOCIATION OF THE SCHOOL OF NURSING OF THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA NURSING SCHOLARSHIP

APPLICATION DEADLINE: May 15, 2015

Please print or type. Application is seven pages long.

APPLICANT INFORMATION

Name

Last ___________ First ___________________ Middle _____________

Permanent Address

Street

City ___________________________ County _____________ State Zip

Telephone (_____)_______________ E-mail ____________________________

Date of birth __________________

FAMILY INFORMATION

Please circle relationship.

Father □/Stepfather □/Guardian □ ________________________________

Address ______________________________________________________

Street ___________________________ City _____________ State Zip

Mother/Stepmother/Guardian_______________________________________

Address ______________________________________________________

Street ___________________________ City _____________ State Zip

Check if applicable: □ father deceased □ mother deceased
□ parents separated □ parents divorced

Number of siblings financially dependent on parent(s)/guardian__________

Name of spouse____________________________________________________

Address ______________________________________________________

Street ___________________________ City _____________ State Zip

Number of individuals financially dependent on you____________________
HIGH SCHOOL INFORMATION

- Please have a copy of your official transcript mailed directly from your high school to the Foundation.

High school attended________________________________________________________

Year of graduation____________ Telephone (_______)___________________

Experience

Attach a separate listing or your resume. Please list extracurricular activities, jobs, internships, and volunteer experience in which you have participated during the past four years. Include clinical and practical experiences, and student organizations.

POST SECONDARY EDUCATION INFORMATION

- If you are currently in a program, please have your official transcript mailed directly to the Foundation.

Program you plan to attend or are currently attending.____________________________

Institution____________________________________________________________________

Address______________________________________________________________________

Street __________________________ City __________ State __________ Zip ____________

Telephone (_______)_____________

Will you be a full-time student? ☐ Yes ☐ No

When do you anticipate completing your program?_______________________________

FINANCIAL INFORMATION -- PERSONAL

Financial need is one of the criteria for scholarship selection.

- Please attach a copy of your school’s estimated cost of attendance.
- Please attach a copy your Financial Aid Award.

ASPIRATIONS AND GOALS

Please submit a statement on an attached sheet describing your personal aspirations and educational and career goals. This statement should be 1-2 typewritten, double-spaced pages and must include information that will answer each of the following questions:

- Why are you pursuing a career in nursing?
- In what area of nursing do you plan to specialize?

Optional

Please attach an additional sheet of paper with any additional information or factors which you believe should be considered by the Advisory Committee in reviewing your application.
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA SCHOOL OF NURSING - SPONSOR

- Are you related to a graduate of the Hospital of the University of Pennsylvania School of Nursing?  Yes ☐  No ☐  
  •  OR  
- Are you being proposed for this scholarship by a graduate of the Hospital of the University of Pennsylvania School of Nursing?  Yes ☐  No ☐  

NOTE: if possible, please enclose a letter of support from your sponsor.

Sponsor's name at graduation: _______________________________________________________

Year of graduation ______________    Relationship ___________________________________

Sponsor’s current name ___________________________________________________________

Sponsor’s current address

_____________________________________________________________________________
Street          City          State         Zip

Sponsor’s current telephone (_______)_________________________

CERTIFICATION

I, (we) certify that the information on this form is true and compete to the best of my (our) knowledge. If asked by any authorized official of The Philadelphia Foundation, I (we) agree to give the documentation for information given on this form. I (we) realize that failure to comply with a request for additional information may prevent the applicant from receiving any aid. I also grant The Philadelphia Foundation permission to use my photograph and/or selected quotes on their website and in future publications.

____________________________________  _____________________________
Signature                                      Date

Please review the checklist on page one of this application.

By May 15, 2015, mail or deliver your completed application with attachments to:

The Philadelphia Foundation
HUP Alumni Nursing Scholarship
1234 Market Street, Suite 1800
Philadelphia, PA 19107
HUP ALUMNI NURSING SCHOLARSHIP
SCHOLARSHIP RECOMMENDATION FORM

Recommendation due to The Philadelphia Foundation by May 15, 2015

Applicant's Name__________________________________________   Date ________________________

Print

Applicant's Signature ___________________________________________________________________

NOTE: Signature grants permission to send information

How long have you known the applicant? ______________________

1. What do you consider the applicant's chief qualities?

   Strengths:

   Weaknesses:

2. Does the applicant work well with people? Explain.

3. Do you place full confidence in this applicant's integrity? Explain.

4. Would you like this person to take care of you if you were ill? Explain

Would you endorse this applicant to receive a scholarship from the HUP Alumni Nursing Scholarship Fund?  □ Yes  □ No
If your answer is "no," please comment.

Name: _______________________________________________ Title: ____________________________________________

Signature: ____________________________________________ Date: ___________________________________________

Telephone: ___________________________ Email_____________________________________________________________

May we contact you if we have any further questions?  Yes_____   No_____ 

Please return this form by May 15, 2015 directly to:

The Philadelphia Foundation
Alumni-HUP Nursing Scholarship
1234 Market Street, Suite 1800
Philadelphia, PA  19107