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377 Research Pkwy Meriden, Connecticut | Office (203) 238-1207 | Fax (203) 238-3437*www.ctnursesfoundation.org*

***Scholarship Application***

**All parts of the application packet are to be completed electronically and submitted to the Scholarship Committee:** ***Membership@ctnurses.org*** ***by June 15th.***

Please indicate the name the scholarship(s) that you feel would be the most appropriate for your application. There may be more than one that you identify although CNF will award just one scholarship to each applicant and CNF reserves the right to award the scholarship based upon the data presented and the criteria for the award.

**Scholarship being applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Applicant Information**

 Name:

Permanent address:

Years in Residence t o

Previous residence (if present address is less than five years):

Years in Residence to

\*Mailing address (if different from above):

Telephone:

Email Address:

**2. Current Educational Institution**

Name and Address of Institution:

Program of Study:

Full Time

Part Time \_\_\_\_\_\_\_

Expected Date of Graduation:

**3. Previous Educational Experience**

*High School or Technical School Attended:*

 Name of Institution:

Address of Institution:

Date of Graduation:

Degree:

*Previous Post-Secondary Educational Institution 1:*

 Name of Institution:

Address of Institution:

 Date of Graduation:

Degree:

 Course of Study:

*Previous Post-Secondary Educational Institution 2:*

 Name of Institution:

Address of Institution:

 Date of Graduation:

Degree:

 Course of Study:

**4.**  **Employment Experience**

*Present Employer*

 Name of Employer:

 Address of Employer:

 Current Position:

 Dates of Service:

*Previous Employer 1*

 Name of Employer:

 Address of Employer:

 Position:

 Dates of Service:

*Previous Employer 2*

 Name of Employer:

 Address of Employer:

 Position:

Dates of Service:

# 5. Professional, Community, and Student Activities

*Previous Experience 1:*

Name of Organization:

Type of Involvement:

Dates of Service:

 Description of Service, Responsibilities and Duties:

*Previous Experience 2:*

Name of Organization:

Type of Involvement:

Dates of Service:

 Description of Service, Responsibilities and Duties:

Dates of Service:

*Previous Experience 3:*

Name of Organization:

Type of Involvement:

Dates of Service:

 Description of Service, Responsibilities and Duties:

**6. Summary of Financial Need**

 Discuss the financial need and anticipated use of scholarship funds if awarded.

**7. Professional Goals**

Discuss your Educational Goals and your Practice Goals:

 *(Maximum of 2 typed pages, double spaced please)*

**Applicant’s Electronic Signature Date**

Revised 2/04/2015