

**1224 Mill St Bldg B Suite 223, East Berlin, CT 06023 | Office (203) 238-1207 | Fax (203) 238-3437**

**ctnursesfoundation.org**

***Connecticut Nurses’ Foundation Scholarship Application***

**All parts of the application packet are to be typed and emailed and submitted to the Scholarship Committee at** **CNFpresident@ctnurses.org** ***by June 15th.***

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

***Please note that if you chose the Sheila Packard award or the Research Grant a different application is needed***

***which may be found on the CNF website.***

 **Scholarship(s) being applied for: (check all those applying for)**

[ ]  **Dr. Sheila Packard Memorial Scholarship**

[ ]  **CT Nurses Foundation Nursing Scholarship**

[ ]  **CNF Specialized Nursing Research Grant**

**1. Applicant Information**

Name: **Click here to enter text.**

Email Address: Click here to enter text.

Permanent full address: Click here to enter text.

Years in Residence Click here to enter text. To Click here to enter text.

Previous full residence (if present address is less than five (5) years): Click here to enter text.

\*Full Mailing address (if different from above): Click here to enter text.

Telephone: Click here to enter text.

**2. Current Educational Institution**

Name and Address of Institution: **Click here to enter text.**

Program of Study:

 [ ]  Full Time [ ]  Part Time

Expected Date of Graduation: Click here to enter a date.

**3. Previous Educational Experience**

*High School or Technical School Attended:*

 Name of Institution: **Click here to enter text.**

Full Address of Institution: Click here to enter text.

Date of Graduation: Click here to enter a date.

Degree: Click here to enter text.

*Previous Post-Secondary Educational Institution 1:*

 Name of Institution: **Click here to enter text.**

Full Address of Institution: Click here to enter text.

Date of Graduation: Click here to enter a date.

Degree: Click here to enter text.

 Course of Study: Click here to enter text.

*Previous Post-Secondary Educational Institution 2:*

 Name of Institution: **Click here to enter text.**

Full Address of Institution: Click here to enter text.

Date of Graduation: Click here to enter a date.

Degree: Click here to enter text.

 Course of Study: Click here to enter text.

**4. Employment Experience**

*Present Employer*

 Name of Employer: **Click here to enter text.**

 Address of Employer: Click here to enter text.

 Current Position: Click here to enter text.

 Dates of Service: Click here to enter text.

*Previous Employer 1*

 Name of Employer: **Click here to enter text.**

 Address of Employer: Click here to enter text.

 Position: Click here to enter text.

 Dates of Service: Click here to enter text.

*Previous Employer 2*

 Name of Employer: **Click here to enter text.**

 Address of Employer: Click here to enter text.

 Position: Click here to enter text.

Dates of Service: Click here to enter text.

# 5. Professional, Community, and Student Activities

*Previous Experience 1:*

Name of Organization: **Click here to enter text.**

Type of Involvement: Click here to enter text.

Dates of Service: Click here to enter text.

 Description of Service, Responsibilities and Duties: Click here to enter text.

*Previous Experience 2:*

Name of Organization: **Click here to enter text.**

Type of Involvement: Click here to enter text.

Dates of Service: Click here to enter text.

 Description of Service, Responsibilities and Duties: Click here to enter text.

*Previous Experience 3:*

Name of Organization: **Click here to enter text.**

Type of Involvement: Click here to enter text.

Dates of Service: Click here to enter text.

 Description of Service, Responsibilities and Duties: Click here to enter text.

**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: Click here to enter text. Date** Click here to enter a date.