

## Phillips School of Nursing Alumni Association 2019 Annual Nursing Scholarship Application Form

PSON is happy to support education and advancement of the profession of nursing by awarding an active alumni member with a \$1000 scholarship towards a BSN or advanced degree from an accredited school of nursing. The scholarship award will be announced at the Annual Alumni Luncheon in the Fall 2019. The recipient will be notified in advance of that date.

**Before filing out this application, please read the eligibility requirements listed below to determine if you are qualified to receive this scholarship:**

- ☐ Graduate of the PSON
- ☐ Current member in good standing of the PSON Alumni Association
- ☐ Enrolled in an accredited Nursing program seeking a baccalaureate degree or higher
- ☐ Ability to provide proof of enrollment in a nursing program with this application

PSON Alumni Association must receive this completed application, along with all supporting documents **via email (only) by October 14, 2019.** The contents of this application will be kept confidential.

**Form Directions:** Please complete all fields on the application. If printing and completing a paper copy of this form, please print legibly. Paper copies of this form and all supporting documentation are to be scanned and submitted via email to: [alumni.association@mountsinai.org](mailto:alumni.association@mountsinai.org). Only complete applications including: 1) this form, 2) essay, and 3) proof of enrollment received via email by the date requested will be eligible for consideration by the PSON Alumni Scholarship Committee.

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### 1. Applicant Information:

**Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name while attending PSON: \_\_\_\_\_

**Year of PSON Graduation:** \_\_\_\_\_

**Number of years as a PSON alumni member (in good standing):** \_\_\_\_\_

**Mailing Address:** Street: \_\_\_\_\_ Apt No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Telephone:** Home: \_\_\_\_\_ Cellular: \_\_\_\_\_

**Name and address of Nursing School you are attending:** \_\_\_\_\_

**Matriculated:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Expected Date of Graduation:** \_\_\_\_\_

**Degree being sought:** BSN \_\_\_\_\_ MSN \_\_\_\_\_ PhD \_\_\_\_\_ EdD \_\_\_\_\_ DNP \_\_\_\_\_ Other (please specify) \_\_\_\_\_

### 2. Essay:

**Attach** an essay of no more than one page in which you explain why you believe you should receive this scholarship. Also, share your purpose in pursuing an advanced degree in nursing, and how will achieving this degree benefit your nursing career and the profession of nursing.

### 3. Proof of Enrollment:

Attach supporting documentation of current enrollment in an accredited Nursing program (e.g.: confirmation of registration, schedule of classes)

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### Endorsement Statement:

By signing your name and date in the below fields, you agree that all the information on this form is true and complete to the best of your knowledge. If asked by the scholarship committee, you agree to give proof of the information that you have provided on this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Email Application Form, Essay, and Proof of Enrollment to: [alumni.association@mountsinai.org](mailto:alumni.association@mountsinai.org)

If you have any questions contact the PSON Scholarship Committee at: [alumni.association@mountsinai.org](mailto:alumni.association@mountsinai.org)