



## **Phillips School of Nursing Scholarship Application for Academic Year 2023-2024**

The Phillips School of Nursing at Mount Sinai Beth Israel (PSON) offers students the opportunity to apply for internal scholarships to assist with their cost of attendance. These scholarships are made possible by PSON establishing and maintaining relationships with donors and outside organizations. Applications will be reviewed, and awards made, on a first-come, first-serve basis until funds are exhausted.

The PSON Scholarship Committee will select scholarship recipients based on the established criteria set forth in the donor agreement and the availability of funds. Students will be notified by the Financial Aid Office when selected to receive scholarship. Financial aid awards may be adjusted to comply with the Department of Education regulations to prevent over awards of aid. Questions concerning updated financial aid awards should be directed to the Financial Aid Office.

### **REQUIRED ITEMS:**

The following documents **must** be attached to this completed application to be considered for a scholarship award:

- 1) Personal statement
- 2) Academic Transcripts (for renewal applications, you may attach an unofficial transcript)
- 3) Two Letter of Recommendation (for renewal application, one recommendation must be from a clinical instructor)
- 4) FAFSA Application

### **PERSONAL STATEMENT:**

Please attach to this application a personal statement of **no more** than three double-spaced pages in length, describing:

- your academic strengths and challenges;
- your motivation for wanting to become a registered nurse and future career goals;
- your reasons for applying for this scholarship, including a description of any financial hardship relating to your education;
- describe any community service and/or volunteer activities that you have participated in
- any other relevant information that you believe may be helpful to persons reviewing your application.

## Phillips School of Nursing Scholarship Listings

Below are the various scholarships offered at Phillips School of Nursing at Mount Sinai Beth Israel. This listing details the specific scholarship criteria that donors have established with PSN. Students must indicate the scholarship they are applying for on their scholarship application to be considered for a specific scholarship fund. There is no penalty for applying to multiple scholarships on your application.

Scholarship Fund	Scholarship Criteria
General Scholarship	No requirements. All students may apply.
Sohmers Family	Preference to be given to students who emigrated from another country; demonstrated financial need; academic achievement.
Feinstein Merit	Awarded to a second year student who has done well academically.
Karpas	GPA of 3.0 or above Preference will be given to RN-BSN students in their first year
Micki Goldberger Scholarship	A student with demonstrated financial need who is experiencing challenges. GPA of 2.8 or above.
Nerken/Mackin RN-BSN Scholarship	GPA of 3.0 or above Preference will be given to RN-BSN students.
LCU Fund for Women's Education	Female students in their Second Year of the Program GPA of 3.0 or higher Earned less than \$30,000
Helen Duffy, RN	Student originally from upstate New York, north or west of Albany (Mohawk Valley preferred)
Sidney & Loretta Teich Foundation	Member of a racial or ethnic minority group GPA of 2.75 or better
Mount Sinai Service Scholarship	A student with demonstrated financial need who is experiencing financial challenges. GPA of 3.0 or higher  Students must agree to a 2 year work commitment as a RN at MSHS. Scholarship is treated as taxable income for year disbursements are received due to work commitment requirement.
HRSA WIN Scholarship	A student with demonstrated financial need and also are from disadvantaged backgrounds. This includes racial and ethnic minorities underrepresented among registered nurses



**Mount Sinai Phillips School of Nursing**  
**Scholarship Application for**  
**Academic Year 2023-2024**

**PERSONAL INFORMATION**

Last Name	First Name	M.I.	Cell Phone
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Current Address	Apartment/ Unit #
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City	State	Zip
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Marital Status: \_\_\_\_\_ Number of dependents: \_\_\_\_\_

Are you a U.S. Citizen? ☐ Yes ☐ No If No, which country are you a citizen of: \_\_\_\_\_

What race do you identify with?

☐ Hispanic/Latino

☐ Asian

☐ Black or /African American

☐ Native Hawaiian or Pacific Islander

☐ White

☐ Other

Are you currently employed? ☐ Yes ☐ No If Yes, approximately how hours per week? \_\_\_\_\_

Please provide employer information:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

Will you be receiving funding from external sources? ☐ Yes ☐ No

If "Yes", please provide organization information:



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Source's Name

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Source's Address

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Funding Amount

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Funding duration

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Company Address

List prizes, honors and awards you have received (with amounts, if applicable), in high school, college and professional setting:

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\$

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\$

### **APPLICANT'S STATEMENT OF AGREEMENT:**

A. If awarded any type of funds as it relates to stipends, scholarships, grants and/or any relevant financial aid, it is my intention to complete my nursing education at the school as outlined in the school's catalog and to serve as a member of the nursing profession. I agree to inform Phillips School of Nursing at Mount Sinai Beth Israel immediately if I should withdraw from the program. I understand that a scholarship may affect my total financial aid package. I understand that if I am honored any stipends, scholarships, grants and/or any relevant financial aid, it may be terminated if I do not maintain the required minimum GPA (if any) and requisite academic progress, as specified in the respective announcement, and;

B. I will use the proceeds of any scholarships, grants and/or any relevant financial aid for the payment of tuition and fees, as it relates to my cost of attendance, only. If awarded an LCU Fund housing stipend, I will use the proceeds for the payment of rent only.

C. I agree that this application and all credentials submitted by me or others on my behalf will remain the property of the Phillips School of Nursing at Mount Sinai Beth Israel, and

D. During my attendance at the school I agree to participate in special projects and community-service related events at PSN and/or locally; and

E. I agree to provide a donor thank you note if requested by the financial aid office. I understand the financial aid office can withhold disbursement of scholarships until donor thank you note requirement is satisfied; and

F. I acknowledge that the information submitted herewith is true and correct, and I hereby authorize verification of this data as required by Phillips School of Nursing at Mount Sinai Beth Israel. The Federal Family Educational Rights and Privacy Act (FERPA) protects the privacy of educational records that the School maintains about me. By submitting this application, I give permission for the School to disclose to the Foundation the information provided in connection with this application for the purpose of the review of my application. This may include information from my educational records, such as my official transcript, letters of recommendation, and financial aid information. I hereby further authorize the School and the Foundation to verify any information submitted by me in this application or thereafter, including without limitation, verification of current and past residences and current or past enrollment and academic performance at educational institutions.

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**Signature of Applicant**

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**Date**