

## Phillips School of Nursing Alumni Association 2023 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 an advanced degree from an accredited school of nursing**. The scholarship award will be announced at the annual luncheon, October 29, 2023. 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:**

- ◇ Current member in good standing of the PSON Alumni Association
- ◇ Enrolled in an accredited Nursing program seeking a baccalaureate or higher degree
- ◇ Ability to provide proof of enrollment in the Nursing program with this application
- ◇ Have not received the PSON Scholarship previously

PSON Alumni Association must receive this completed application, along with all supporting documents **via email (only) by October 20, 2023**. The contents of this application will be kept confidential.

**Application Directions:** Please complete ALL fields on the application. Only those meeting eligibility requirements and submitting application requirements, including: 1) this Application, 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. If 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: [PSONAA@mountsinai.org](mailto:PSONAA@mountsinai.org) **by the deadline, October 20, 2023.**

### **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: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_ **Telephone:** C, W or H: \_\_\_\_\_  
**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 (1) page in which you explain, a) why you believe you should receive this Scholarship, b) your purpose in pursuing an advanced degree in Nursing, and c) how achieving this degree will benefit your nursing career, the profession of nursing, and the common good.

### **3. Proof of Enrollment:**

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

### **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, and that you alone authored the essay. If asked by the PSON Scholarship Committee, you agree to give proof of the information that you have provided on this application.

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

Email the Application Form, Essay, and Proof of Enrollment to: [PSONAA@mountsinai.org](mailto:PSONAA@mountsinai.org)  
If you have any questions, contact the PSON Scholarship Committee at: [PSONAA@mountsinai.org](mailto:PSONAA@mountsinai.org) or call 646-396-4498