



225 SOUTH CENTER AVE.
 SOMERSET, PA 15501-2088
 PHONE: 814-443-5199

NURSING SCHOLARSHIP APPLICATION 2010 - 2011 Academic Year

Please Print or Type All Information

Date _____	
Name _____	Social Security Number _____
Street Address _____	Town/City _____
State _____ Zip Code _____	Telephone Number _____ Alternate Number _____
Are you at least 18 years of age? Yes _____ No _____	
Are you a full time student? Yes _____ No _____	
Name of Nursing Program enrolled in: _____	
Current Grade Point Average (GPA) _____	Expected graduation date: _____

Official transcripts must be returned to our office with this application or may be mailed separately from your College, University or School of Nursing to the Education Department at Somerset Hospital. Transcripts must be received prior to the scholarship interviews.

Education History

	Number of Years Completed	Course of Study	Did you graduate?	Diploma or Degree
Do you possess a high school diploma or a GED? Yes _____ No _____				
Trade/Technical School (<i>Name & Address</i>)			Yes _____ No _____	
College or University (<i>Name & Address</i>)			Yes _____ No _____	

List previous employers – **MOST RECENT FIRST:**

Employer's Name	Complete Address	Telephone No.
Dates Employed	From	To
Nature of Duties (including supervisory)		
Immediate Supervisor:		Reason for Leaving:

Employer's Name	Complete Address	Telephone No.
Dates Employed	From	To
Nature of Duties (including supervisory)		
Immediate Supervisor:		Reason for Leaving:

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Dates Employed	From	To
Nature of Duties (including supervisory)		
Immediate Supervisor:		Reason for Leaving:

References

Please give the name of two persons not related to you and the name of a third person who has been an instructor, all of whom you have known for at least one year. Please ask each reference to forward a letter on your behalf to the address in this application.

Name	Address and Telephone Number	Relationship	Years Known

I hereby authorize Somerset Hospital to contact my current or previous employers, educational institutions, or other individuals or organizations named in this application. I authorize the Hospital to obtain, use and rely upon that information in relation to this scholarship application. In exchange for the Hospital's agreement to receive, process and consider my application for this nursing scholarship, I hereby release the Hospital and any and all persons or organizations contacted by the Hospital from any and all claims or causes of action arising out of the Hospital's verification of my application for scholarship or its determination of my qualifications and abilities.

I further understand that if awarded a scholarship, I will be required to execute a legally binding contract with the Hospital prior to disbursement of any monies toward my student account.

I hereby certify that the information contained in this application and supplementary materials is correct and complete, and I understand that falsification or omission of information in the application is grounds for dismissal from the scholarship program.

Signature _____ Date _____

Received by Hospital Staff _____ Date _____

Please complete the following essay questions. You may attach a separate typewritten document.

1. Describe your motivation for applying for this scholarship award.

2. Describe why it is personally important to you to become a Registered Nurse.

3. Describe what you hope to achieve during your nursing career. What are your professional goals?