



2017 Student Nursing Scholarships Overview and Eligibility Requirements Application Form

LOUISE FINN NURSING SCHOLARSHIP FUND

Award: \$500

The Louise Finn Nursing Scholarship will be awarded to a child of a current Cooley Dickinson Health Care employee who is pursuing a career in nursing and is either currently accepted or enrolled in an accredited school of nursing (preferably located in the surrounding area), working to complete an associate's degree, a three-year diploma, a bachelor's degree, or a master's degree in nursing.

This scholarship is named in recognition of Louise Finn, a maternal and infant care nurse at Cooley Dickinson Hospital for more than 54 years.

CDH SCHOOL OF NURSING ALUMNI SCHOLARSHIP

Award: \$600

In its thirteenth award year, the 2017 Cooley Dickinson School of Nursing Alumni Association Scholarship will once again be awarded to a deserving senior attending either Northampton High School or Smith Vocational and Agricultural High School who is pursuing a career in nursing.

HOW TO APPLY

If interested and qualified, you are invited to complete an application and write a 750-word essay.

Required Essay: In 750 words or less, discuss the following:

- Why you have chosen to begin/advance your professional education in the nursing/medical field
- How your goals demonstrate your commitment to health care and the community
- Why you would like to be the recipient of the Scholarship
- What professional relationship you might have with Cooley Dickinson

Your completed application and essay should be received no later than **Friday, April 7, 2017** and should be submitted via e-mail to development@cooley-dickinson.org or mailed to the address below:

Cooley Dickinson Hospital
Development Office
P.O. Box 329
Northampton, MA 01061-0329

Scholarship decisions will be made by June 9, 2017. Anyone with questions should call the Cooley Dickinson Development Office at (413) 582-2255 or e-mail development@cooley-dickinson.org.

Thank you for your interest in Cooley Dickinson Hospital Nursing Scholarships!



2017 Nursing Scholarship Application Form

ELIGIBILITY STATUS -- I am both eligible and interested in applying for the following scholarship funding opportunities:

- ☐ The Cooley Dickinson Nursing Alumni Scholarship (*I am a senior attending a Northampton Public High School*)
- ☐ The Louise Finn Nursing Scholarship (*I am a high school senior and a child of a Cooley Dickinson Health Care employee*)

Today's Date: _____

Applicant Name:	Age:	
Attending High School name:		Graduating Class Year:
Local Address (Street, City/Town, State Zip Code)		
E-mail:	Phone#:	
Name(s) of parents or legal guardian:		

Education

Accredited U.S. College/University You Plan to Attend (if not confirmed, list first choice):
College Application Status:
Intended Major:

Biographical Information

Current Employment, including assigned work unit and employment status (mandatory):
Nursing/Medical Field/Caring Experience
Honors and Awards:
Service to the Community, Outside Activities and Interests:

