



## 2018 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: \$1,000**

In its fourteenth award year, the 2018 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 6, 2018** and should be submitted via e-mail to [development@cooleydickinson.org](mailto:development@cooleydickinson.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 8, 2018. Anyone with questions should call the Cooley Dickinson Development Office at (413) 582-2255 or e-mail [development@cooleydickinson.org](mailto:development@cooleydickinson.org).

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



## 2018 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:                         |