



The Heidi J. Sheehan Excellence in Nursing Scholarship Overview and Eligibility Requirements 2022 Application Form

Award: \$1,000

This scholarship is directed to **part-time, full-time, and per diem CDHC nurses at Cooley Dickinson Hospital, Cooley Dickinson Medical Group, and Cooley Dickinson VNA & Hospice who are pursuing an advanced degree (such as MSN, NP, DNP, etc.) and enrolled at six or more credits/semester at an accredited university.**

Financial awards may be used for tuition, fees, required books, materials, school transportation.

I am eligible to apply for *Heidi J. Sheehan Excellence in Nursing Scholarship*

Today's Date: _____

Applicant Name:	Age:
Local Address (Street, City/Town, State, Zip Code):	
E-mail:	Phone #:

Education

Education (<i>check all that apply</i>) <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Associate's Degree</td> <td style="width: 33%;"><input type="checkbox"/> Bachelor's Degree</td> <td style="width: 34%;"></td> </tr> <tr> <td><input type="checkbox"/> Master's Degree</td> <td><input type="checkbox"/> Other Degree: _____</td> <td></td> </tr> </table>			<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Other Degree: _____	
<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Bachelor's Degree							
<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Other Degree: _____							
Accredited U.S. College/University/Professional Development Course currently accepted or currently enrolled (<i>mandatory</i>):								
Application Status:	Enrollment Status:	# Course Credits:						

Biographical Information

(if more space is needed, please attach additional sheets) Current Employment including department and status *(mandatory)*:

Medical/Clinical experience *(nursing/medical field background; internships, etc)*:

Honors and Awards:

Outside Activities and Interests:

Required Essay: Using 250-500 words, please address why you have chosen to further your nursing education studies and why you would like to be the recipient of the scholarship. The scholarship will be awarded based on your work history in combination with the essay.

Your completed application and essay must be received by **Friday, April 8, 2022**. Please send via e-mail to development@cooleydickinson.org or mail to:

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

Scholarship decisions will be made by Friday, June 10, 2022. Please feel free to call the Cooley Dickinson Development Office at (413) 582-2255 or e-mail development@cooleydickinson.org with any questions.

Thank you for your interest in Cooley Dickinson Hospital Professional Development Scholarships!