

## 2024 Student Nursing Scholarship Overview and Eligibility Requirements Application Form

## **CDH SCHOOL OF NURSING ALUMNI SCHOLARSHIP**

In its twentieth award year, the 2024 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.

Award: \$1,000

## **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 5**, **2024** and should be submitted via e-mail to <a href="mailto:development@cooleydickinson.org">development@cooleydickinson.org</a> 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 May 31, 2024. Anyone with questions should call the Cooley Dickinson Development Office at (413) 582-2255 or e-mail <a href="mailto:development@cooleydickinson.org">development@cooleydickinson.org</a>.

Thank you for your interest in a Cooley Dickinson Hospital Nursing Scholarship!



## **2024 Nursing Scholarship Application Form**

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

|  | Today's Date:          |  |  |
|--|------------------------|--|--|
| Applicant Name:                                  | Age:                   |  |  |
| Attending High School name:                      | Graduating Class Year: |  |  |
| Local Address (Street, City/Town, State, Zip Coo | de                     |  |  |
| E-mail:  | Phone#:                |  |  |
| Name(s) of parents or legal guardian:            | I                      |  |  |
| E  | ducation               |  |  |
| Accredited U.S. College/University You Plan to   |                        |  |  |
| College Application Status:                      |                        |  |  |
| ntended Major:                                   |                        |  |  |
| Biograph   | nical Information      |  |  |
| Current Employment, including assigned work      |                        |  |  |
| Nursing/Medical Field/Caring Experience          |                        |  |  |
|  |                        |  |  |