

**The Zucker Family Scholarship for Advanced Nursing Education
Overview and Eligibility Requirements
2024 Application Form**

Award: \$1,000

The *Zucker Family Scholarship for Advanced Nursing Education* was created in 2019 by Dr. Geoffrey and Donna Zucker to honor the work of nurses in the Pioneer Valley and support advanced education. This scholarship is directed to **part- and full-time CDHC nurses (working more than 30 hours per week) 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 *The Zucker Family Scholarship for Advanced Nursing Education*.
(per diem not eligible)

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>) <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 5, 2024**. 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 May 31, 2024. 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!