

2026 High School Student Nursing Scholarship Overview and Eligibility Requirements Application Form

CDH SCHOOL OF NURSING ALUMNI SCHOLARSHIP

Award: \$500

In its twenty-second award year, the 2026 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 3, 2026** and should be submitted via e-mail to 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 May 31, 2026. Anyone with questions should call the Cooley Dickinson Development Office at (413) 582-2255 or e-mail development@cooleydickinson.org.

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

**2026 Cooley Dickinson School of Nursing Alumni Association
Scholarship Application Form**

**Available to any graduating high school student attending Northampton High School or
Smith Vocational & Agricultural High School**

Please send completed application form no later than **Friday, April 3, 2026** via email to development@cooleydickinson.org or mail to Development Office, P.O. Box 329, Northampton, MA 01061-0329.

Today's Date: _____

Applicant Name:	Age:
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Attending High School name:	Graduating Class Year:
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Local Address (Street, City/Town, State, Zip Code)

E-mail:	Phone#:
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Name(s) of parents or legal guardian and email/cell phone:

Education

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

College Application Status:

Intended Major:

Please describe any academic, volunteer, community, or work experiences that have prepared you for a future in nursing.

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: