

CAPITOL HILL HEALTHCARE NURSING SCHOLARSHIP APPLICATION

SECTION 1: INFORMATION ABOUT YOU (PLEASE PRINT)

LAST NAME:		FIRST NAME:	MI:
DATE OF BIRTH:	EMAIL:	PHONE NUMBER:	
NAME OF INSTITUTION OR SCHOOL OF NURSING:		CURRENT ACADEMIC STATUS: <input type="checkbox"/> Accepted <input type="checkbox"/> Enrolled Part-Time <input type="checkbox"/> Undecided <input type="checkbox"/> Enrolled Full-Time	
EXPECTED GRADUATION DATE:		CURRENT GPA:	
PREFERRED METHOD OF CONTACT: <input type="checkbox"/> Email <input type="checkbox"/> Phone		TODAY'S DATE:	

SECTION 2: RECOMMENDATION LETTER AND ESSAY INSTRUCTIONS

Instructions for recommendation letters:

One (1) letter from a professional reference – This letter should briefly describe the student's commitment to the nursing profession and interest in providing quality nursing care. Professional references may include current or former civilian and military co-workers, supervisors, classmates or instructors, and members of professional or service organizations.

One (1) letter from a non-family personal reference – This letter should briefly describe the student's character and commitment to helping others. Personal references may include current or former classmates, clergy, members of academic, military, religious, service, social, or volunteer organizations; mentees, or mentors.

Instructions for essay:

All essays must be the applicant's original work. Essays will be reviewed on content, creativity, and grammar. Applicants who do not adhere to the submission requirements and guidelines will not be considered.

Please utilize your personal and professional experience to answer the following:
Explain why you are choosing a nursing career in long-term care.

SECTION 3: RULES FOR SCHOLARSHIP CONSIDERATION

The Nursing Scholarship is open to all Capitol Hill Healthcare employees and students pursuing a career in nursing. Capitol Hill employees may apply at any time. Students may apply beginning their senior year of high school through their junior year in college. This nursing scholarship is good for one year only. The scholarship screening committee will determine if you are eligible for subsequent scholarships.

Applications must be filled out completely to be considered for a scholarship. Only one application is allowed per person, per year. Duplicate applications will be disqualified.

Privacy Information

The information obtained from your application may be used by Capitol Hill Healthcare to determine scholarship eligibility. Your contact information will only be used to communicate with you about scholarship information. It will not be sold or shared with our partners.

Applicant Signature: _____

Today's Date: _____