

**Phillips Beth Israel School of Nursing Alumni Association
Annual Nursing Scholarship Application Form**

PBISN is happy to support education and advancement of the profession of nursing by awarding an alumni member with a \$1000 scholarship towards a BSN or advanced degree from an accredited school of nursing.

Before filling out this application, please read the eligibility requirements listed below to determine if you are qualified to receive this scholarship:

- Graduate of the PBISN
- Current member in good standing of the PBISN Alumni Association
- Enrolled in an accredited College of Nursing seeking a baccalaureate degree or higher
- Ability to provide proof of enrollment in a nursing program with this application

This completed application, along with all supporting documents must be received by PBISN [via email by October 10, 2011](#). The contents of this application will be kept confidential.

Form Directions: Please complete all fields on the application. If completing a paper copy of this form, please print legibly. Paper copies of this form and all supporting documentation are to be scanned and submitted via email to: alumni@chpnet.org. Only complete applications (1-this form, 2-essay and 3-proof of enrollment) received via email by the date requested will be eligible for consideration by the PBISN Scholarship Committee.

1. Applicant Information:

Name: Last: _____ First: _____ M.I. _____
Last Name while attending PBISN: _____

Year of PBISN Graduation: _____

Number of years as a PBISN alumni member: _____

Mailing Address: _____ Apt No. _____
City: _____ State: _____ Zip _____

E-mail Address: _____

Telephone: Daytime: _____ Evening: _____

Name and address of Nursing School you are attending:

Matriculated: Yes ____ No ____

Degree being sought: BSN__ MSN__ PhD__ EdD __ Other (please specify)_____

Expected Date of Graduation: _____

2. Essay:

Attach an essay of no more than one page in which you explain why you feel you should receive this scholarship. Also share your purpose in pursuing an advanced degree in nursing. How will achieving this degree benefit your nursing career and the profession of nursing?

3. Proof of Enrollment:

Attach supporting documentation of current enrollment in an accredited College of Nursing (e.g.: confirmation of registration, schedule of classes)

Endorsement Statement:

By entering your name and date in the below fields, you agree that all the information on this form is true and complete to the best of your knowledge. If asked by the scholarship committee, you agree to give proof of the information that you have provided on this application. Name of applicant: _____ Date: _____

Email Application Form, Essay, and Proof of Enrollment to: alumni@chpnet.org
If you have any questions contact the PBISN Scholarship Committee at: alumni@chpnet.org