

TO: Graduate and Undergraduate Students of NURSING
FROM: Deborah L. Turner, Scholarship Coordinator
DATE: September, 2010
SUBJECT: St. Francis School of Nursing Alumni of Pittsburgh, PA Scholarship Fund

This letter is to advise you of the application deadline for scholarships for graduate and undergraduate students of a Professional Nursing Program. The following criteria will apply:

1. Be a United States Citizen.
2. Be enrolled in a Professional Nursing Program.
3. Maintain a grade point average of 3.0.
4. Demonstrate financial need
5. Submit 2010-11 Student Aid Report (SAR)
6. Complete an application form. (Enclosed with the guidelines)
7. Submit an official copy of your transcripts.

Final selection of the scholarship winners will be decided under the auspices of an Advisory Committee of the St. Francis School of Nursing Alumni of Pittsburgh, PA subject to the approval of the Board of Directors of The Pittsburgh Foundation. *No member of the Advisory Committee, or his or her immediate family, shall be eligible for scholarship assistance during his or her tenure on the Advisory Committee.*

The Pittsburgh Foundation shall notify the chosen recipients. Scholarship payment will be made after the June Board meeting, and after the selected student has notified the Foundation about his/her acceptance of the scholarship and verifies the school he/she is attending. All scholarships are made payable to the School of Nursing.

ST. FRANCIS SCHOOL OF NURSING ALUMNI OF PITTSBURGH, PA
SCHOLARSHIP FUND
APPLICATION FORM
(Please type or print your response)

Date: _____

Name of Applicant: _____

Home Address: _____

Telephone: (_____) _____

Date of Birth: _____ Student ID#: _____

Please check one of the following and fill in the appropriate information:

- a) I am pursuing my first Academic Degree/Diploma which leads to a Professional Licensure as a Registered Nurse.
- b) I am already Licensed as a Registered Nurse and I am pursuing an Advanced Degree in Nursing.

School Name: _____

School Address: _____

School Phone: () _____

Date of entry into the Program: _____ Anticipated Date of Completion: _____

Cumulative Grade Point Average: _____

School Attendance: Full-time Part-time

Marital Status: Married Single

Spouse's Occupation: _____

Please list dependents and ages: _____

Please state if you expect to receive financial assistance or scholarships, including, but not limited to, PELL Grant, Stafford or Perkins Loan, SEOG Loan, PA State Grant or Loan, FAFSA:

<u>Institution</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

Are you receiving financial reimbursement from your employer for completed college classes? Yes No

If yes: How much reimbursement is paid to you per class? _____

How much reimbursement is paid to you per year? _____

Are you currently employed? Yes No

If yes: Full-time Part-time

Place of work: _____ Phone: _____

Address: _____

Name of Employer: _____

What do you do? _____

Please describe prior work experiences: _____

Please describe prior education: _____

Please describe any financial obligations: _____

Please describe your extra-curricular activities, volunteer work or hobbies over the past three years: _____

Please state any achievements in the past pertaining to Nursing: _____

Please briefly state your career goals: _____

Have you filed the Free Application for Federal Student Aid (FAFSA)? Yes No

I hereby certify that the information provided in this application is true to the best of my knowledge.

(Applicant's Signature)

Please attach the following items to this application form:

1. An official school transcript
2. Copy of 2010-11 Student Aid Report (SAR)

Please return the completed application by **December 31, 2010** to:

St. Francis School of Nursing Alumni Association of Pittsburgh, PA Scholarship Fund

Attn: Deborah L. Turner
Scholarship Coordinator
The Pittsburgh Foundation
Five PPG Place, Suite 250
Pittsburgh, PA 15222-5414