

Application for Nursing Education Scholarship

The Bridgeport Hospital School of Nursing Alumnae Association I, Inc.

(All areas must be completed in its entirety and submitted for consideration of a scholarship)

Last Name	First Name	Middle Initial	Maiden Name	
Address:	Number & Street	City	State	Zip Code
Telephone-Home: _____ Cell: _____				
Email: _____				
Date of Birth _____				
BHSN Class of _____				
Are you currently Employed: ____ Yes ____ No- Name of Employer _____				
Do you receive Tuition Reimbursement from your Employer? ____ Yes ____ No				
Name & Address of College/ University _____				

Degree being sought _____ Name of Course _____				
Cost Per Credit/Course _____				
Approximate number of credits planned during the next 12 months _____				
<u>Write a short paragraph including:</u>				
<ul style="list-style-type: none">• Your Nursing Career Goals.• Why do you feel that you should be granted this scholarship.• Indicate financial need.				
<u>PLEASE INCLUDE with your Application:</u>				
<ul style="list-style-type: none">• <u>Proof of Course Registration.</u>• <u>Proof of Payment of Course.</u>• <u>Sealed Official Transcript</u>				
Signature _____ Date _____				

Please Submit Application to: Caren Silhavey
25 Morning Glory Terr.
Stratford, Ct 06614

or email at: Silhavey@att.net

