

**TO:** Graduate and Undergraduate Students of NURSING

**FROM:** Deborah L. Turner, Scholarship Coordinator

**DATE:** August, 2013

**SUBJECT:** St. Francis School of Nursing Alumni of Pittsburgh, PA Scholarship Fund

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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 2013-14 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 extra-curricular activities, volunteer work or hobbies over the past three years:

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Please state any achievements in the past pertaining to Nursing: \_\_\_\_\_

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Please briefly state your career goals: \_\_\_\_\_

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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 2013-14 Student Aid Report (SAR)

Please return the completed application by **December 31** 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