

**Presbyterian Hospital School of Nursing Alumni Association**  
**White Rose Educational Endowment Fund Scholarship Application**  
(Applications accepted from Novant Health, Greater Charlotte Market)  
**APPLICATION FOR 2021 SCHOLARSHIP YEAR**

Please complete this form and return it with relevant accompanying materials to the Alumni Association at the address below. Signing the application gives the Alumni Association permission to verify any information provided and contact references and/or manager as needed.

Please provide contact information (telephone number(s) and e-mail address) that is current and checked frequently.

Applications are accepted between December 1 and March 1 (must be received or postmarked by March 1) each year. Late or incomplete applications will not be processed. Each request will be considered on an individual basis and the applicant will be notified, in writing, of the committee's decision by June 1. The Scholarship Committee has the final decision on all things pertaining to the application.

Please note, if you are awarded a scholarship, funds will be paid **directly** to the academic institution. Please allow up to 60 days for processing once you have been awarded a scholarship.

Recipients are eligible for not more than two scholarships per degree.

**Eligibility Criteria:**

•Applicants must be:

A graduate of the Presbyterian Hospital School of Nursing,  
**or**

A graduate of the ASN program at Presbyterian School of Nursing at Queens University, (must submit proof of graduation date)

**or**

A licensed, registered nurse or licensed, practical nurse actively employed for at least 3 years (part-time or full-time) with Novant Health, Greater Charlotte Market.

- Must be seeking higher education in the field of healthcare.
- Cannot be on a discipline program with your employer.
- Must submit completed application that is signed by applicant's manager.
- Must submit most recent GPA of 3.0 or above and grades received in current courses. If the applicant is applying for aid for the first semester, a letter of acceptance must be provided.
- Must submit a resume and brief paragraph as described within the application.
- Recipients are eligible for not more than two scholarships per degree.
- Each scholarship may not exceed \$10,000 per individual.
- Applicant must maintain a 3.0 GPA during the course of the scholarship.

Name: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Department: \_\_\_\_\_

Date of employment: \_\_\_\_\_

1. Degree Currently pursuing (must be in healthcare): \_\_\_\_\_

2. Name of educational institution: \_\_\_\_\_

3. Amount requested(maximum scholarship \$10000): \_\_\_\_\_

4. Are you currently under any disciplinary action      Yes      No

5. Name, Relationship, E-mail Address and Telephone Number of 2 References:  
\_\_\_\_\_  
\_\_\_\_\_

6. If applicable, year of graduation from the Presbyterian Hospital School of Nursing  
OR the ASN Program of Presbyterian School of Nursing at Queens University.  
(Please include your name at the time of graduation, if different than the one on this  
application: \_\_\_\_\_

7. Attach documentation of current GPA (must be 3.0 or higher) or the letter of acceptance into  
the program if this will be your first semester in the program.

8. Attach a current resume to include such things as:

- Educational and experiential background with dates
- Membership/participation in professional nursing organizations  
i.e. ANA, NAACOG, ACCN, AORN
- Participation in community service
- Evidence of leadership in clinical practice, i.e. initiatives to improve patient  
care or correct a clinical problem
- Involvement in special clinical nursing projects
- Nursing awards received, clinical certification awarded, leadership positions  
with shared governance

9. Attach a BRIEF paragraph on each of the following topics:  
(The committee is interested in quality NOT length.)

- Long term goals for seeking additional educational preparation; focus of additional  
education
- Impact of additional education (degree) on nursing practice and professional career  
goals
- How this scholarship will affect you; evidence of financial need; qualifications for  
consideration

NOTE: Each paragraph must be in complete sentences and grammatically correct.

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10. Expected date of degree completion: \_\_\_\_\_  
(Not eligible for scholarship if completion is before September 2021)

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Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Manager:**

(Signature indicates no disciplinary action and recommendation for scholarship)

\_\_\_\_\_  
Date: \_\_\_\_\_

**Manager's name, e-mail address and telephone number:**

\_\_\_\_\_  
\_\_\_\_\_

Please mail application to:

Stacy Capel  
PHSON Alumni Association Scholarship  
5824 Stratford Court  
Harrisburg, NC 28075

For internal use only:

Date application received: \_\_\_\_\_

**12/3/2020**