



COLUMBIA UNIVERSITY-PRESBYTERIAN HOSPITAL
 SCHOOL OF NURSING ALUMNI ASSOCIATION, INC.
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SCHOLARSHIP APPLICATION

CONTACT INFORMATION AND CUSON DEGREE

NAME:

MAILING ADDRESS:

HOME ADDRESS:

PREFERRED PHONE:

EMAIL:

DEGREE PREVIOUSLY EARNED FROM COLUMBIA NURSING:

NAME DEGREE EARNED AS, IF DIFFERENT:

YEAR DEGREE EARNED FROM COLUMBIA NURSING:

PROFESSIONAL WORK HISTORY (LIST CURRENT AND PRIOR TWO POSITIONS)

POSITION:

ORGANIZATION:

DATES:

POSITION:

ORGANIZATION:

DATES:

POSITION:	
ORGANIZATION:	
DATES:	

PLAN OF STUDY

COLLEGE OR UNIVERSITY:	
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DATE PROGRAM BEGAN: (OR EXPECTED TO BEGIN)	
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MAJOR/FIELD OF STUDY:	
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TITLE OF PROGRAM:	
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DEGREE EXPECTED:	
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EXPECTED GRADUATION DATE:	
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HAVE YOU MATRICULATED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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CREDITS REQUIRED:	
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CREDITS COMPLETED:	
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CREDITS YOU EXPECT TO ENROLL FOR IN THE UPCOMING ACADEMIC YEAR	FALL:	SPRING:
	SUMMER:	INTERSESSION:

HOW MANY CREDITS IS CONSIDERED FULL-TIME IN YOUR PROGRAM?	FALL:	SPRING:
	SUMMER:	INTERSESSION:

HOW MANY HOURS PER WEEK WILL YOU WORK WHILE ATTENDING SCHOOL?	
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HOW MUCH TUITION REIMBURSEMENT DOES YOUR EMPLOYER PROVIDE, IF ANY?	
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ARE YOU APPLYING FOR THE OTHER SCHOLARSHIPS FOR THE UPCOMING ACADEMIC YEAR? IF SO, WHICH ONES?	
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SCHOLARSHIP(S) RECEIVED? YES <input type="checkbox"/> NO <input type="checkbox"/> AWAITING DECISION <input type="checkbox"/>	AMOUNT:
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PERSONAL STATEMENT (500 WORDS OR LESS) DESCRIBING YOUR CAREER GOALS AND ANY EXPERIENCES OR ACTIVITIES THAT INFLUENCED YOUR GOALS:

SUBMIT THE COMPLETED APPLICATION WITH ALL SUPPORTING DOCUMENTATION BY MARCH 1ST FOR CONSIDERATION

1. LETTER OF ACCEPTANCE FROM DEGREE OR POST-GRADUATE CERTIFICATE PROGRAM
2. RESUME OR CURRICULUM VITAE
3. REFERENCE LETTERS:
 - a. TWO PROFESSIONAL REFERENCE LETTERS
 - b. ONE PERSONAL REFERENCE LETTER
4. OFFICIAL TRANSCRIPTS FOR ALL COLLEGES AND UNIVERSITIES ATTENDED
5. PERSONAL STATEMENT OF 500 WORDS OR LESS DESCRIBING YOUR CAREER GOALS AND ANY EXPERIENCES OR ACTIVITIES THAT INFLUENCED YOUR GOALS

**CONTACT INFORMATION FOR REFERENCE LETTERS
INCLUDE FULL NAME, PHONE NUMBER, EMAIL, AND NATURE OF RELATIONSHIP**

1.

2.

3.

ELIGIBILITY REQUIREMENTS:

APPLICANT MUST BE AN ALUMNUS OF THE COLUMBIA UNIVERSITY SCHOOL OF NURSING (CUSON).

APPLICANTS MUST BE DUES-PAYING MEMBERS OF CUPHSONAA AT THE TIME OF SCHOLARSHIP AWARD. IF NOT A CURRENT MEMBERS, THE APPLICANT MAY JOIN CUPHSONNA WHEN SUBMITTING THE SCHOLARSHIP APPLICATION.

APPLICANTS MUST BE ENROLLED IN OR PURSUING FULL-TIME STUDY IN A GRADUATE NURSING DEGREE OR POST-GRADUATE CERTIFICATE PROGRAM AT A REGIONALLY ACCREDITED COLLEGE OR UNIVERSITY.

IF APPLICANT IS CONCURRENTLY APPLYING TO GRADUATE NURSING DEGREE OR POST-GRADUATE CERTIFICATE PROGRAMS, BUT HAS NOT YET BEEN ACCEPTED, PLEASE INCLUDE A COPY OF THE PROGRAM APPLICATION WITH YOUR SCHOLARSHIP APPLICATION MATERIALS. IF AWARDED A SCHOLARSHIP, THE FUNDS WILL BE RELEASED UPON PROOF OF ENROLLMENT.

AGREEMENT

SHOULD I WITHDRAW BEFORE COMPLETING THE COURSE OF STUDY OUTLINED ABOVE OR SHOULD I NO LONGER MEET THE FULL-TIME ENROLLMENT REQUIREMENT, I AGREE THAT I AM OBLIGATED TO RETURN THE BALANCE OF THE UNUSED PORTION OF THE SCHOLARSHIP AWARD TO CUPHSONAA.

SIGNED:

DATED: