

Date: _____

Dear:

Thank you for inquiring about the Providence Hospital Nurses Alumnae Association Scholarship. We have two Scholarships that are given annually. The Sybil Cunningham Bredin Scholarship and the Regina Chilinski Tomko Scholarship

The Scholarship Committee reviews applications after all documents are received.

The deadline for scholarship application is May first of each year and scholarships are awarded in September and January. The criteria and application procedure are attached along with the official application form.

We look forward to your response.

Sincerely,

PHNAA Scholarship Committee

Attachments

11/04

SCHOLARSHIP

ELIGIBILITY CRITERIA:

For the Sybil Cunningham Bredin Scholarship the applicant must be a graduate of Providence Hospital School of Nursing, Family member of a graduate or employee of Providence Hospital. Applicant must have a GPA of 3.0 on a 4.0 scale. Applicant must have one full year of school remaining. For the Regina Chilinski Tomko Scholarship applicant must be enrolled in an accredited school of nursing in the State of Michigan and GPA that is acceptable for school

PROGRAMS FUNDED:

Applicant must be enrolled in an associate, baccalaureate, master's or doctoral nursing program or health related master's or doctoral program at an accredited institution.

SCHOLARSHIP APPLICATION:

A completed application with all required documents must be received before applicant will be considered. Application deadline is May first.

REQUIRED DOCUMENTATION:

1. Official PHNAA Scholarship Application
2. Official school transcripts:
3. Personal statement: A personal statement that reflects you academic and professional goals, and community involvement. Limit statement to two (2) typewritten pages or less
4. References: one (1) personal reference and one (1) reference from a current instructor, that addresses academic ability are required.
5. Applicants who have not begun the nursing program must show proof of acceptance.
6. Recent Photograph
7. Statement of tuition of fees from university/college

SCHOLARSHIP PAYMENT:

Payment can be paid to the student or directly to the school

CANDIDATE SELECTION:

Recipients will be selected on the basis of:

1. Financial need
2. Scholastic ability
3. Leadership potential

PHNAA SCHOLARSHIP APPLICATION

PLEASE TYPE OR PRINT IN INK

(Please check one)

Sybil Cunningham Bredin _____ Regina Chilinski Tomko _____

NAME: _____
FIRST MIDDLE LAST

Current Address: _____
Street number

city state zip

Phone Number _____
Home work fax e mail

Date of Birth _____ SS Number _____

Place of Employment _____ \$ _____
Self Monthly Salary

_____ \$ _____
Spouse Monthly Salary

Head of Household: Father _____ Mother _____ Self _____ Other _____

Others you support:
Name Relationship Age School/Place of Employment

Do you currently hold a nursing license? Yes ___ No ___ If Yes: License No & State _____

Anticipate Source of Income: i.e. Family, Scholarship, Grants, Loans, Veteran's Benefits, Etc. (Please List)

Current Nursing Program Enrolled in:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Dean/Director _____ School Phone # _____

Classification: _____ Expected Date of Graduation _____

Extracurricular/Community Activities (List)

I hereby affirm that all the information provided is true:

Signature

Date

You may attach an extra sheets as needed

Mail completed application and documents to:
PHNAA Scholarship Committee
C/O Mary Czajka
3215 Lockwood
Detroit, MI 48210