



2018 Nursing Scholarship Application

Please check all scholarships which you are eligible to apply for:

- Dr. Peter J. Kearney Scholarship
- Edith Kritz Scholarship
- Ellen and Fred Phelps Nursing Scholarship
- Finley Hospital School of Nursing – Carole A. Smith Miller Memorial Scholarship
- Finley Hospital school of Nursing – Andrea Hayslett Triik Memorial Scholarship
- Finley Hospital School of Nursing – Alumni Association Scholarship

Visit unitypoint.org/dbqscholarships for more information about the qualifications for each scholarship.

SECTION I - PERSONAL DATA

NAME _____

PERMANENT ADDRESS _____
STREET CITY STATE ZIP PHONE #

DATE OF BIRTH _____ MARITAL STATUS _____

ARE YOU A FINLEY HOSPITAL ASSOCIATE: _____ YES _____ NO DEPARTMENT: _____

IS A FAMILY MEMBER A FINLEY HOSPITAL ASSOCIATE: _____ YES _____ NO

IF YES, RELATIONSHIP: _____

NAME OF FAMILY MEMBER: _____ DEPARTMENT: _____

SECTION II - USE OF FUNDS

HIGH SCHOOL ATTENDED & YR GRADUATED: _____

COLLEGE/UNIVERSITY ATTENDED / LOCATION / DATES ATTENDED / GPA / GRADUATION DATE / DEGREE EARNED:

CERTIFICATIONS AND DATES: _____

NAME AND ADDRESS OF NURSING PROGRAM IN WHICH YOU HAVE BEEN ACCEPTED OR CURRENTLY ENROLLED:

DEGREE PURSUING _____

WILL BE ATTENDING: _____ FULLTIME _____ PART-TIME EXPECTED DATE OF COMPLETION _____

SECTION IV - EMPLOYMENT (Please list employer and describe job duties as applicable)

PRESENT EMPLOYER _____

PREVIOUS EMPLOYMENT _____

HAVE YOU RECEIVED A FINLEY SCHOLARSHIP PREVIOUSLY? _____ YES _____ NO

IF YES, PLEASE LIST YEAR(S) RECEIVED: _____

SECTION VII - FINANCIAL NEED

SEE ATTACHED EXPLANATION OF SCHOLARSHIPS THAT ARE BASED ON FINANCIAL NEED.

SECTION VIII - ESSAY

PLEASE ATTACH A ONE PAGE ESSAY OUTLINING SCHOOL ACTIVITIES, COMMUNITY SERVICE ACTIVITIES, WORK EXPERIENCE, HONORS AND PROFESSIONAL GOALS (350 WORD MAXIMUM)

AGREEMENT

I certify the information contained and attached to this application are true, complete and correct to the best of my knowledge.

I certify that all funds awarded will be used for tuition expenses and academic fees in the current academic year in which they are awarded.

I authorize UnityPoint Health Finley Health Foundation to release information concerning my application for purposes of publicity if I am awarded a scholarship.

Signature of Applicant

Date

APPLICATION DEADLINE IS THURSDAY, MARCH 15, 2018



**IF APPLYING FOR THE EDITH KRITZ OR DR. PETER KEARNEY SCHOLARSHIP PLEASE
 COMPLETE THIS FINANCIAL SUMMARY**

FINANCIAL INFORMATION

Information concerning this financial statement is strictly confidential, and shall be used only in determining the need of this applicant.

Your income for 2017 \$ _____

Parental (or spouse) income for year 2017 \$ _____

Other Scholarships/Grants received \$ _____

Other siblings/dependents enrolled in college: Yes _____ No _____ # _____

Do you have personal savings available for college? Yes _____ No _____
 Amount \$ _____

I certify the above is an accurate statement of my financial information.

 Signature (Applicant)

 Date

I certify the above is an accurate statement of my financial information.

 Signature (Parent/Spouse)

 Date



UnityPoint Health - Finley Health Foundation
Finley Hospital School of Nursing
Nursing Scholarship

Application Instructions:

1. Application is to be completed and signed by the applicant.
2. Application should be typed or printed legibly.
3. Attach the following to the completed application:
 - a. Completed financial information form for the Kritz & Kearney Scholarship Application.
 - b. An essay (350 word max.) outlining school and community activities, work experience, honors and professional goals.
4. Send completed application, postmarked by Thursday, **March 15, 2018** to:

UnityPoint Health - Finley Health Foundation
Attention: Barbara Potts
350 North Grandview Avenue
Dubuque, Iowa 52001