



2019 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
- Kathryn Miller 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
- Judi Butler Memorial 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

PLEASE COMPLETE THE ATTACHED FORM FOR 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 FRIDAY, MARCH 8, 2019



**IF APPLYING FOR THE EDITH KRITZ, DR. PETER KEARNEY OR
 KATHRYN MILLER SCHOLARSHIPS
 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 2018 \$ _____

Parental (or spouse) income for year 2018 \$ _____

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
Nursing Scholarships**

Application Instructions:

1. Application is to be completed and signed by the applicant.
2. Application should be typed or printed legibly. Do NOT staple the application together.
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 Friday, **March 8, 2019** to:

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