# VISITING NURSES OF THE LOWER VALLEY

# MURTHA SCHOLARSHIP APPLICATION FORM

**Note: Due to a shortage of nurses throughout the United States, preference will be given to those applicants who intend to enter a nursing education program. Applicants must reside in Essex, Deep River, Chester or Old Saybrook, Connecticut.**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

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

 Street City Zip

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In which category are you applying?

□ Graduating high school

□ Non-traditional student (e.g., community college, graduate studies or post military service)

At what college, university or training program have you been accepted?

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What will be your major field of study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List your extra-curricular or outside activities (volunteer, school, community, church, work). Please list any office you have held and any honors you have been awarded.

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If you have volunteered your time, please briefly describe your experience, and what it meant to you.

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Why have you chosen to pursue a career in health care?

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**Please provide a transcript of your academic record.**

**References:**

Please provide **three** written recommendations from any of the following: teacher, professor, guidance counselor, current or former employer, clergy, volunteer coordinator, or community leader.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Applicant’s Signature Date

**Note to Applicants:**

Your signature above is authorization for release of school or employment records. The information you supply will be considered by the scholarship committee of the Visiting Nurses of the Lower Valley, Inc. in determining this year’s scholarship recipient(s). Please type or print carefully. **All applications must be received by April 24, 2020. All required information must be contained in your application packet, or you will not be granted an interview.** All applicants will be treated with strict confidentiality, and the decisions of the scholarship committee are final.

# Visiting Nurses of the Lower Valley

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**Centerbrook, CT 06409**

**860.767.0186**

## FAX: 860.767.8383

**EMAIL: smaxwell@visitingnurses.org**