

St. Francis Healthcare Foundation



Marty Ernsting Undergraduate Memorial Nursing Scholarship Application

If you are a part-time or full-time St. Francis employee either accepted or enrolled in an accredited nursing program as an undergraduate, and if you are a non-traditional-aged student, you are eligible to apply for the Marty Ernsting Memorial Nursing Scholarship. Please complete the questions below and return the application to the St. Francis Healthcare Foundation by June 1, 2010.

Contact Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Estimated Expenses: Total credit hours for the coming school year \_\_\_\_\_(Hours)

Tuition: \$ \_\_\_\_\_ Books \$ \_\_\_\_\_ \*Other expenses \$ \_\_\_\_\_

- Please describe "other expenses." \_\_\_\_\_

Employment History: (Applicant must be an employee of St. Francis Hospital & Health Centers in good standing.)

Table with 4 columns: Position Held, Dates (from/to), Department, Supervisor/Manager. Includes two rows of blank lines for data entry.

Will you be able to attend school if you do not receive this scholarship? \_\_\_Yes \_\_\_No

Endorsement

I am willing to participate in a personal interview with members of the selection committee as part of the selection process. \_\_\_Willing \_\_\_Unwilling

I understand the scholarship check will be made payable to the university/college I attend and me. I agree that the funds will be utilized for tuition, room/board, book fees, and/or other legitimate university/college expenses. \_\_\_Agree \_\_\_Disagree

APPLICANT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION COMPONENTS:**

- 1. A completed application form**
- 2. Two letters of recommendation**
- 3. Proof of enrollment in an accredited nursing program**
- 4. A one-page, typed narrative describing your reason for applying and the nursing practice in which you plan to work after graduation**
- 5. A completed consent form for information and photographic release**

*Please return all application materials to the St. Francis Healthcare Foundation, for more information call (317)782-6057, or visit us at 5255 East Stop 11 Road, Suite 245 , Indianapolis, IN 46237*