

Continuing Nursing Education Scholarship Date: _____
Bridgeport Hospital School of Nursing Alumnae Association 1, Inc.
(All areas must be completed in its entirety and submitted for consideration of a scholarship)

Last Name **First Name** **Middle Initial** **Maiden Name(if applicable)**

Address: **Number & Street** **City** **State** **Zip Code**

Telephone- Home: _____ **Cell:** _____

Email: _____ **Date of Birth:** _____

BHSN Class of:____ **Degree being sought:** _____ **BHSN Alumnae 1 member:** Yes No

Are you currently Employed: Yes No **Name of Employer:**_____

Tuition Reimbursement from your Employer: Yes No **Amount received/Receipt included:**_____

Total amount paid out of pocket after tuition reimbursement for listed courses- Receipt included:_____

List other grants or scholarships received for this course-Receipt included:_____

Name & Address of College/University:_____

Continue on the back as needed: _____

Name of Course(s) Last April to current April- Receipts included	No. of Credits	Cost per Credit

Name of Textbook or other expenses- Receipts included	Cost

Write a short essay including below items and complete the checklist below before sending all info to Caren Silhavey:

- Your Nursing Career Goals
- Why do you feel that you should be granted this scholarship
- Indicate financial need:

Checklist and Receipts-- for all information accounted for on Application:

Receipt of cost per credit/course- paid college bill----- Yes No
Amounts of tuition reimbursement from Employer/Receipts-----Yes No
List of other scholarships or grants received for this course/Receipts----- Yes No
List of costs for textbooks or other expenses/Receipts----- Yes No
Application completed and all receipts of above included with application-----Yes No

Signature _____ **Date** _____

Submit Application to:Caren Silhavey 25 Morning Glory Terr,Stratford, Ct 06614 or email to:Silhavey@att.net