



## BERKSHIRE HEALTH SYSTEMS NURSING SCHOLARSHIP

### **PURPOSE**

The Berkshire Medical Center Nursing Scholarship is funded from grants made to the former St. Luke's School of Nursing and the Henry W. Bishop III Memorial School of Nursing. The scholarship's primary purpose is to provide financial assistance to students enrolled in Associates Degree in Nursing, Bachelor of Science in Nursing or Master of Science in Nursing programs.

### **AWARDS**

Awards will be made annually, ranging in size from \$200 to \$1,000 depending on individual need. Awards will be announced in the spring of each year and will be payable to the institution which the recipient is attending.

### **ELIGIBILITY**

Any resident of Berkshire County regardless of sex, race, color, religion, national origin, or ancestry who intends to pursue an Associates Degree in Nursing, Bachelor of Science in Nursing or Master of Science in Nursing degree and has been accepted for admission to a program of study at a college, university, or other institution granting these degrees is eligible.

The Scholarship Review Committee will give highest priority to the following criteria when selecting scholarship recipients:

- Financial need... **please include academic institution financial aid packet**
- Superior academic performance
- Commitment to nursing
- Potential for success in nursing

Preference will be given to those who have not received a Berkshire Medical Center Nursing Scholarship in the past, although past recipients may apply.

### **APPLICATION**

Persons applying for the Scholarship shall submit an application and all supporting information by **May 1<sup>st</sup>** to:

Elizabeth Kirby, RN, M.Ed.  
Director of Education Services  
Berkshire Health Systems  
725 North Street  
Pittsfield, MA 01201

**APPLICATION FOR BERKSHIRE MEDICAL CENTER  
NURSING SCHOLARSHIP**

1. Name: \_\_\_\_\_

2. Permanent Home Address: \_\_\_\_\_  
\_\_\_\_\_ Home Telephone: \_\_\_\_\_

3. School you are now attending: \_\_\_\_\_

4. College or University to which you have been accepted and plan to attend.  
(Please provide proof of acceptance.)

Name of School: \_\_\_\_\_

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

\_\_\_\_\_

5. Previous colleges attended:

Name of School	Location	Date of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. List school activities in which you participated. Include any distinctions or honors.

7. Experiences: working, volunteer activities, hobbies.

**APPLICANT**

**IF MARRIED**

Present occupation: \_\_\_\_\_

Spouse name: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Income before taxes: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Other income: \_\_\_\_\_

Income before taxes: \_\_\_\_\_

Other income: \_\_\_\_\_

Father's name: \_\_\_\_\_

Mother's name: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Income before taxes: \_\_\_\_\_

Income before taxes: \_\_\_\_\_

Other income available: \_\_\_\_\_

Other income available: \_\_\_\_\_

Number of dependent children: \_\_\_\_\_ Ages: \_\_\_\_\_

Number attending college: \_\_\_\_\_

Yearly expenses to family: \_\_\_\_\_

Father's signature: \_\_\_\_\_

Mother's signature: \_\_\_\_\_

Anticipated college income for this next year:

Anticipated college expenses for this next year:

From parents: \_\_\_\_\_

Tuition: \_\_\_\_\_

From scholarships: \_\_\_\_\_

Room & Board: \_\_\_\_\_

From savings: \_\_\_\_\_

Books & Fees: \_\_\_\_\_

From work: \_\_\_\_\_

From other sources: \_\_\_\_\_

TOTAL: \_\_\_\_\_

TOTAL: \_\_\_\_\_

**The information provided on this application is true and accurate to the best of my knowledge.**

**STUDENT SIGNATURE** \_\_\_\_\_

**THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:**

1. Transcript of grades from high school and colleges.
2. Proof of acceptance in the program you plan to attend.
3. Statement of 100 to 200 words on your need for this scholarship; include any unusual circumstances.
4. Two **current** letters of support from your teachers or other persons who can speak to your ability and need.
5. Academic institution financial aid information if applicable and **copy of FAFSA** form.

**RECOMMENDATION**

APPLICANT'S NAME: \_\_\_\_\_

You have been asked to provide information concerning the above applicant for the Berkshire Medical Center Nursing Scholarship. Your response will be held in strictest confidence. Please return directly to:

Elizabeth Kirby, RN, M.Ed.  
Director of Education Services  
Berkshire Health Systems  
725 North Street  
Pittsfield, MA 01201

- 1. In what capacity have you known the applicant? \_\_\_\_\_
- 2. How long have you known the applicant? \_\_\_\_\_
- 3. How well have you known the applicant? Very well \_\_\_\_\_ Fairly well \_\_\_\_\_ Limited contact \_\_\_\_\_
- 4. Please rate the applicant from one to four on the following items: **(1 is highest - 4 is lowest)**

a.	Based on the applicant's ability and capabilities, he/she has made a wise and realistic choice for a professional nursing career.	1	2	3	4
b.	Applicant exhibits a strong commitment to his/her studies.	1	2	3	4
c.	Contribution to school activities.	1	2	3	4
d.	Achievement records reflect his/her ability.	1	2	3	4
e.	Emotionally capable of coping with post secondary academic requirements.	1	2	3	4
f.	Applicant's attitude will be an asset to his/her educational and career plans.	1	2	3	4
g.	Your personal expectation of applicant's academic success.	1	2	3	4

- 5. Unusual circumstances or factors which you feel warrant special attention:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date