



CUPHSONAA, INC.

THE COLUMBIA UNIVERSITY-PRESBYTERIAN HOSPITAL
SCHOOL OF NURSING ALUMNI ASSOCIATION, INC.

480 MAMARONECK AVE.,

HARRISON, NY 10528

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SCHOLARSHIP APPLICATION FOR FULL TIME GRADUATE STUDIES IN NURSING (APPLICANT MUST BE A GRADUATE OF THE CUPH DEGREE PROGRAMS)			
NAME:			
CLASS OF:			
ADDRESS:			
TELEPHONE(S):	(H)	(C)	(W)
E-MAIL:			
PLEASE COMPLETE THE ENTIRE APPLICATION BELOW.			
NAME AT GRADUATION:			
DEGREE FROM COLUMBIA UNIVERSITY:		MAJOR:	
MEMBER OF ALUMNI ASSN. SINCE:			
THREE MOST RECENT POSITIONS (INCLUDING PRESENT POSITION)			
POSITION:			
ORGANIZATION:			
DATES:			
POSITION:			
ORGANIZATION:			
DATES:			
POSITION:			
ORGANIZATION:			

DATES:		
PLANS FOR STUDY		
COLLEGE OR UNIVERSITY:		
ADDRESS:		
DATE YOU BEGAN PROGRAM: (OR EXPECT TO BEGIN)		
MAJOR FIELD OF STUDY:		
EXACT TITLE OF PROGRAM:		
DEGREE EXPECTED:		
EXPECTED GRADUATION DATE:		
IF YOU HAVE NOT BEEN ACCEPTED, PLEASE SEND A COPY OF THE APPLICATION. NO FUNDS WILL BE AWARDED WITHOUT A LETTER OF ACCEPTANCE OR MOST RECENT TRANSCRIPT.		
HAVE YOU MATRICULATED:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CREDITS REQUIRED:		
CREDITS ALREADY COMPLETED:		
CREDITS YOU EXPECT TO ENROLL FOR IN THE UPCOMING ACADEMIC YEAR	FALL:	SPRING:
	SUMMER:	INTERSESSION:
HOW MANY CREDITS IS A FULL-TIME PROGRAM?	FALL:	SPRING:
	SUMMER:	INTERSESSION:
HOW MANY HOURS PER WEEK WILL YOU WORK WHILE ATTENDING SCHOOL?		
HOW MUCH TUITION RE-IMBURSEMENT DOES YOUR EMPLOYER PROVIDE?		
OTHER SCHOLARSHIPS FOR THE UPCOMING ACADEMIC YEAR FOR WHICH YOU ARE APPLYING:	SCHOLARSHIP:	AMOUNT:
	RECEIVED: YES <input type="checkbox"/> NO <input type="checkbox"/> WAITING <input type="checkbox"/>	
CAREER GOALS:		

PLEASE ENCLOSE THE FOLLOWING:	
<ol style="list-style-type: none"> 1. LETTER OF ACCEPTANCE FROM SCHOOL. 2. CURRICULUM VITAE. 3. TWO LETTERS OF PROFESSIONAL REFERENCE PLUS ONE PERSONAL. 4. TRANSCRIPTS FOR ALL COLLEGES AND UNIVERSITIES YOU ATTENDED. 5. PERSONAL STATEMENT OF 500 WORDS OR LESS ABOUT HOW THIS PROGRAM WILL HELP YOU ACCOMPLISH YOUR CAREER GOAL, AWARDS, RECOGNITIONS, EXPERIENCES OR ACTIVITIES. 	
ALL OF THE REQUIRED INFORMATION MUST BE RECEIVED BY THE ALUMNI OFFICE BY MARCH 1ST TO BE CONSIDERED FOR A SCHOLARSHIP. SCHOLARSHIPS ARE NOT PROVIDED FOR A CERTIFICATE PROGRAM.	
AGREEMENT	
SHOULD I WITHDRAW BEFORE COMPLETING THE COURSE OF STUDY OUTLINED ABOVE, I PROMISE TO REPAY THE SCHOLARSHIP FUND THE BALANCE OF THE UNUSED PORTION.	
SIGNED:	
DATED:	

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT (914) 481-5787 OR BY EMAIL AT INFO@CUPHSONAA.ORG

YOU MAY FAX OR MAIL THIS APPLICATION. THANK YOU.

www.cuphsonaa.org