



Elisabeth M. Berry

SCHOLARSHIP

ELISABETH M. BERRY, M.D. SCHOLARSHIP APPLICATION

Application Deadline: May 1st

Please note, previous recipients of this scholarship must reapply each year

Date of Application: _____ Are you a returning applicant? YES ____ NO ____

APPLICANT INFORMATION

Name of Applicant: _____

Address: _____

Phone: _____ Email Address: _____

HIGHER LEARNING INFORMATION

Have you applied to and been accepted by an accredited school? Yes ____ No ____
Full time ____ Part time ____ Estimated Year of Graduation: ____ Previous Semester GPA: ____

Type of Program: _____

Name & Location of School: _____

Annual Tuition: _____ Scholarship Amount Requested: _____

INFORMATION TO BE SUBMITTED WITH APPLICATION:

- **Essay:** A narrative outlining your aspiration to continue your education in the field of nursing.
- **Financial Disclosure:** Explain your financial need for your educational goals. Include other grants, scholarships, loans received or applied for.
- **References:** List three (3) individuals as references (non-relatives). Written references should be submitted with this application or sent directly to the Cottage Hospital Community Relations Office.
- **Academic Standing:** Please include transcript for courses taken in the past twelve (12) months.

SIGNATURE(S)

Signature of Applicant

Signature of Applicant's Parent