

# **Bradford Ecumenical Home, Inc.**

**100 St. Francis Drive**

**Bradford, PA 16701**

**814-368-5648**

[lisajohnson@behcr.com](mailto:lisajohnson@behcr.com)

## Bradford Ecumenical Home, Inc. Nursing Scholarship

Based on the growing need for nurses throughout the nation and within our local communities, Bradford Ecumenical Home, Inc. is offering a \$1,000 Scholarship. This scholarship will be awarded to two graduating Seniors at Bradford Area High School and one graduating Senior within the following School Districts: Kane, Otto-Eldred, Port Allegany, or Smethport who plans to pursue a career in nursing and must be accepted into an Accredited Nursing Program or has the intent to enroll in an Accredited Nursing Program in the Fall. (Proof of acceptance or enrollment is required).

- Completion of Scholarship Application
- 250 word typed essay – Reason for pursuing a career in nursing
- Three (3) Scholarship Recommendations
- Application Deadline May 2, 2016





***Bradford Ecumenical Home, Inc.***  
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## Accredited Nursing Education Program Scholarship Application

### **PREFACE**

Because of the growing need for nurses throughout the nation and within our local communities, Bradford Ecumenical Home, Inc. is proud to award an annual nursing scholarship.

Scholarships are awarded to deserving High School Seniors who have been accepted into an Accredited Nursing Program or have the intent to enroll in an Accredited Nursing Program for the Fall. Applicants agree to support the Bradford Ecumenical Home, Inc. philosophy and scope of practice.

### **Bradford Ecumenical Home, Inc. Philosophy**

Bradford Ecumenical Home, Inc. believes that nursing as a profession enhances healthcare services to a multifaceted society and includes prevention, health maintenance, therapeutic intervention and rehabilitation. Although not an application criteria, Gerontology is a specialty practice within the framework of nursing that strives to advance healthcare and the quality of life of all affected seniors.

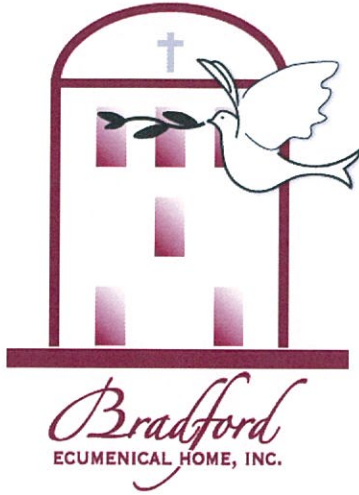
### **Bradford Ecumenical Home, Inc. Scholarship Award**

- A \$1000.00 Scholarship will be awarded to two graduating Seniors from Bradford Area High School who have been accepted into an Accredited Nursing Program or has the intent to enroll in an Accredited Nursing Program for the Fall.
- An additional \$1000.00 Scholarship will be awarded to one graduating Senior within the surrounding school districts (i.e., Kane, Otto-Eldred, Port Allegany or Smethport) who has been accepted into an Accredited Nursing Program or has the intent to enroll in an Accredited Nursing Program for the Fall.

### **Statement of Nondiscrimination**

Bradford Ecumenical Home, Inc. does not discriminate among applicants on the basis of age, gender, race, religion, national origin, disability, sexual orientation or marital status.





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**Accredited Nursing Education Program  
Scholarship Application**

**ELIGIBILITY CRITERIA**

1. A graduating High School Senior from Bradford Area High School who has been accepted into an Accredited Nursing Program or has the intent to enroll in an Accredited Nursing Program for the Fall.
2. A graduating High School Senior from Kane, Otto-Eldred, Port Allegany, or Smethport Area School Districts who has been accepted into an Accredited Nursing Program or has the intent to enroll in an Accredited Nursing Program for the Fall.

**CHECKLIST**

This checklist of **mandatory** components is provided for the applicant's convenience. Please be sure that **ALL REQUIRED INFORMATION** is included with the application. Without this information, the application will not be considered and the applicant will not be eligible for the Nursing Scholarship.

**Please submit 1 copy of your application in the following order to your respective Guidance Counselor Offices no later than May 2, 2016**

- Completed, legible application (incomplete or illegible applications will not be considered)
- Acceptance letter or proof of enrollment from an Accredited Nursing Program
- 250 word Essay (Typed and free of grammatical and spelling errors) summarizing applicant's desire to pursue a career in Nursing
- Three (3) Scholarship Recommendations (soliciting family members is discouraged)

**The Bradford Ecumenical Home, Inc. Scholarship Committee will review completed legible applications. A written response can be expected prior to Area High School's Awards Ceremonies.**



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Scholarship Application**

**APPLICATION FORM**

**Please Return Completed Application Packet to your Guidance Counselor Offices no later than May 2, 2016.**

**All information will be kept confidential.**

**Leave No Blanks**

**Please remember that incomplete or illegible applications will not be reviewed.**

**Applicant Information**

1.	Name: _____
	Address: _____
	City/State/Zip: _____
	Phone: _____
2.	Name of Area High School Attending: _____
	Name of Guidance Counselor: _____
	Guidance Counselor Phone: _____

**Accredited Nursing Program Information**

3.	Name of Accredited Nursing Program into which you were accepted and/or plan to enroll: _____
	Program Start Date: _____
	<b>* Please attach Acceptance letter or proof of enrollment from Accredited Nursing Program</b>

## Financial Information

4. Adjusted Gross Income of Parent(s)/Guardian(s) from IRS 1040:

- Under \$30,000
- \$31,000 to \$50,000
- \$51,000 to \$75,000
- \$76,000 to \$100,000
- Over \$100,000

5. Have you been awarded any other scholarships?  YES  NO Amount \$ \_\_\_\_\_

## Extracurricular Activities/Awards

6. List your Extracurricular Activities/Sports/Clubs/Volunteer/Community Organizations to which you participate (include any offices held): \_\_\_\_\_

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7. List any awards or honors: \_\_\_\_\_

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8. Current GPA: \_\_\_\_\_

9. If applicable, Current Employer: \_\_\_\_\_

10. **\*\*Please attach a 250 word Essay (Typed and free of grammatical and spelling errors) that summarizes your desire to pursue a career in Nursing.**

## Consents/Authorizations

10. I hereby certify that this is a true and accurate representation of data and my activities and accomplishments. I authorize the release of this information to members of the Bradford Ecumenical Home, Inc. Scholarship Committee and will provide additional information or verification upon request.

If granted the scholarship, I agree to the publication of my name and likeness by Bradford Ecumenical Home, Inc. (i.e., newsletters, press releases, etc.)

I understand that scholarship recipients must expend all scholarship guidelines on the upcoming Fall Semester of announcing the scholarship award or risk of forfeit of the award. I understand that the award will be dispersed directly to the Accredited Nursing Program in which I will be attending.

Parent(s)/Guardian(s) Signature: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Father's Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_



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**Accredited Nursing Education Program  
 Scholarship Application**

**BRADFORD ECUMENICAL HOME, INC.  
 SCHOLARSHIP RECOMMENDATION #1**

This Nursing Scholarship is made possible by the generous contributions from Bradford Ecumenical Home, Inc.

**Please complete this form and return it to the applicant as part of the application packet.**

PLEASE PRINT OR TYPE

All recommendations will be kept confidential.

**Name of Applicant:** \_\_\_\_\_

**Name of Person making the Recommendation:** \_\_\_\_\_

**How long have you known the applicant (at least one year):** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**How would you rate the Applicant on the following?**

	<b>Low</b>	<b>Average</b>	<b>High</b>
<b>Maturity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sensitivity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Commitment to Academic Learning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability to Effectively Communicate</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Describe the Applicant's Strengths:** \_\_\_\_\_

\_\_\_\_\_  
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**Please Describe the Applicant's Weaknesses:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Please see Back ⇒**

**Briefly describe why you believe that this applicant would be a worthy recipient of this Scholarship:** \_\_\_\_\_

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**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**





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**Accredited Nursing Education Program  
 Scholarship Application**

**BRADFORD ECUMENICAL HOME, INC.  
 SCHOLARSHIP RECOMMENDATION #2**

This Nursing Scholarship is made possible by the generous contributions from Bradford Ecumenical Home, Inc.

**Please complete this form and return it to the applicant as part of the application packet.**

PLEASE PRINT OR TYPE

All recommendations will be kept confidential.

**Name of Applicant:** \_\_\_\_\_

**Name of Person making the Recommendation:** \_\_\_\_\_

**How long have you known the applicant (at least one year):** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**How would you rate the Applicant on the following?**

	<b>Low</b>	<b>Average</b>	<b>High</b>
<b>Maturity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sensitivity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Commitment to Academic Learning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability to Effectively Communicate</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Describe the Applicant's Strengths:** \_\_\_\_\_

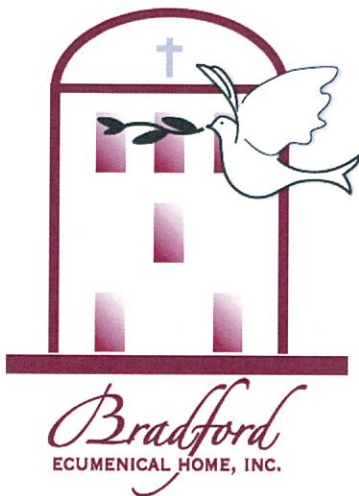
\_\_\_\_\_  
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**Please Describe the Applicant's Weaknesses:** \_\_\_\_\_

\_\_\_\_\_  
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**Please see Back    ⇒**





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**Accredited Nursing Education Program  
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**BRADFORD ECUMENICAL HOME, INC.  
 SCHOLARSHIP RECOMMENDATION #3**

This Nursing Scholarship is made possible by the generous contributions from Bradford Ecumenical Home, Inc.

**Please complete this form and return it to the applicant as part of the application packet.**

PLEASE PRINT OR TYPE

All recommendations will be kept confidential.

**Name of Applicant:** \_\_\_\_\_

**Name of Person making the Recommendation:** \_\_\_\_\_

**How long have you known the applicant (at least one year):** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**How would you rate the Applicant on the following?**

	<b>Low</b>	<b>Average</b>	<b>High</b>
<b>Maturity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sensitivity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Commitment to Academic Learning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability to Effectively Communicate</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Describe the Applicant's Strengths:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please Describe the Applicant's Weaknesses:** \_\_\_\_\_

\_\_\_\_\_  
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**Please see Back ⇒**

