



1106 North 30th Street ▪ Billings, MT 59101 ▪ 406-237-3600

Theresa Burch Memorial Scholarship Application

Name: _____
Last First Middle

Address: _____ City/State _____ Zip _____

Permanent Phone#: _____ Cell Phone#: _____

Email Address: _____

I am currently a St. Vincent Healthcare Employee? Yes No (Applicant **MUST** be an employee of St. Vincent Healthcare)

Current Job Title/Department	Position	From/To

University or College Currently Attending

Name/City/State	Major/Field of Study	Yrs. Attended - Dates

Anticipated date of completion of Advanced Practice Degree:

Applicable work history:

Certification and Release

I certify that the information set forth in this application is true and complete to the best of my knowledge. I understand that if accepted into this program, the falsification or willful omission of information on this application, shall be considered sufficient cause for my removal from the program. I consent to and authorize SVH to request any information concerning my previous employment or academic record as indicated on this application. I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing such job or academically related information.

Applicant's Signature: _____ Date: _____

Send completed application, letter of intent, letter of reference, and proof of enrollment in an Advanced Practice Nursing Degree program and official, sealed, college transcript in **one package** to:

St. Vincent Healthcare Foundation
Attn: Angela Slade
1106 North 30th Street
Billings, MT 59101

Application package must be received by **April 1st for fall semester** consideration and by **November 15th for spring semester** consideration. Late or incomplete applications will not be considered.