

Theresa Burch Memorial Scholarship Application

Scholarship Distribution:

- Recipients will receive \$1000 paid directly to the University or College they are currently attending.
- Recipients are eligible for up to two semesters of funding.

Eligibility to Apply:

- Applicant must be a Registered Nurse at St. Vincent Healthcare and currently participating in an advanced practice degree program focusing on the field of Nursing.
- Applicants must submit an **official** transcript, maintaining a current GPA of 3.0 or greater.

How to Apply:

- Application packets are available at St. Vincent Healthcare Human Resource Department or on-line at www.svfoundation.org.
- Applications 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.

Recipient Selection:

- The Theresa Burch Scholarship committee will review applications and determine the most qualified recipients.
- Funds are limited. Meeting eligibility requirements does not guarantee that an applicant will receive assistance.
- Recipients will be notified of acceptance in writing.
- Funds will be sent directly to the University or College of enrollment

All Applications must include:

- Application form
- Letter of Intent
- Letter of Reference
- Proof of enrolment in Advanced Practice Nursing degree program.
- Official Transcript



**St. Vincent
Healthcare**

Sisters of Charity of Leavenworth Health System

Thersa Burch Memorial Scholarship Application

Part I—PERSONAL INFORMATION

Soc. Security #	LAST NAME	FIRST	MIDDLE
-----------------	-----------	-------	--------

Street Address	Apt. #
----------------	--------

City	State	Zip Code
------	-------	----------

Telephone	Home	Work
-----------	------	------

E-Mail Address _____

Part II—PROGRAM INFORMATION

College or University currently attending: _____

Anticipated date of completion of Advanced Practice Degree: _____

Applicable work history

Part III—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.

Signature of Applicant

Date



Please Return To:
Human Resources Department
Attention: Christi Beals, RN
1233 North 30th Street
Billings, Montana 59101

