

Wallinder 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 in currently participating in an advanced practice degree program focusing on the field of Nursing.
- Must submit an official transcript

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 November 15, 2005.
- Late or incomplete applications will not be accepted.

Recipient Selection:

- The Wallinder 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.

All Applications must include:

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



**St. Vincent
Healthcare**

Sisters of Charity of Leavenworth Health System

Wallinder 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