



## **Terry Ries Nursing Education and Development Scholarship Application Form**

Applications must be postmarked by August 31, 2010 in order to be considered.

One \$1000 scholarship will be awarded to any employee of SSH and it's Home Care Division to either pursue or further a professional nursing education, to include advanced nursing certifications (including expenses for travel, registration and course material). All applications will be reviewed by the Scholarship Committee of The Friends of South Shore Hospital. If you have any questions, call the Friends' office at (781) 624-8520. The following are the prioritized criteria for scholarship eligibility:

1. Candidates have been SSH employees for a minimum of 1 year, are full or regular part-time and plan to maintain SSH employment for a minimum of 1 year post selection.
2. Candidate must be enrolled or accepted into an accredited program to begin or advance their nursing career.
3. Candidate's most recent GPA must be a B- or higher.
4. Candidate must have exhausted all available in-house tuition reimbursements.

**Along with this Application Form the following material must be submitted:**

1. Educational background and a copy of your most recent academic transcript
2. If a nurse, a list of all previous clinical experience.
3. If not a nurse, a list of previous employment.
4. A list of any community service related to applicant's desire to pursue or further nursing education.
5. Two letters of recommendation are also required:
  - A. One from current manager/supervisor, stating the applicant's position with a brief job description, the manager/supervisor's position, the length of time he/she has worked with the applicant, and why he/she believes the applicant deserves the scholarship
  - B. One other from a South Shore Hospital registered nurse or physician, stating their position, the length of time he/she has known the applicant and why he/she believes the applicant deserves the scholarship.
6. An essay of approximately 350-500 words answering the following questions:
  - A. What is your motivation for pursuing this program?
  - B. What are your professional goals?
  - C. What impact will this education have on your career?

**If Selected:**

- At the end of each year of scholarship participation, recipient must submit a copy of the transcripts reflecting completion of the educational courses.
- Scholarship recipients may reapply contingent upon successful completion of the year's coursework and availability of funds, up to a maximum of two additional (three total) years.

**Please mail completed application to:**

South Shore Hospital  
The Friends Scholarship Committee  
55 Fogg Road                      Mail Box 29  
South Weymouth, MA 02190

(Over)

Please Print

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Number of years worked South Shore Hospital: \_\_\_\_\_

What school/course will you be attending: \_\_\_\_\_

What is the cost of the course? \_\_\_\_\_

List community experience, if applicable:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date