



**Samaritan Hospital School of Nursing Alumni, Inc.  
1300 Massachusetts Avenue, Troy, N.Y. 12180**

**Blanche E. Welsh Fund Application**

Name: \_\_\_\_\_ Year of graduation: \_\_\_\_\_

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

Employed at: \_\_\_\_\_

Full Time  Part Time  Are you self supporting? Yes  No

Are you a Life  Sustaining  Member of the Alumni?

Illness: a) HOSPITAL  
Admitted to: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

b) Home: Number of days \_\_\_\_\_

Physician's Name: \_\_\_\_\_

c) If you would like to provide additional information please attach a separate sheet.

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

***Please submit this form with a copy of your hospital and/or MD's bill. The Alumni accountants require this information. Applications should be submitted to: Welsh Fund Chairperson, Alumni Office 1300 Massachusetts Avenue Troy, NY 12180.***

Payment approved in the amount of \$ \_\_\_\_\_ Alumni Year of \_\_\_\_\_

Payment sent \_\_\_\_\_

\_\_\_\_\_  
Welsh Fund Committee Chairperson

\_\_\_\_\_  
Welsh Fund Committee Treasurer

## **Blanche E. Welsh Fund Application**

The Welsh Committee and the Samaritan Hospital School of Nursing Alumni, INC. would like to remind all members that the maximum amount of financial assistance allowed yearly by the Welsh Fund is Two Hundred Dollars per alumni member per year. Alumni members who require additional financial assistance and who are eligible are strongly encouraged to apply to the Sheldon Fund. Sheldon Fund inquiries and a request for an application may be submitted in writing to: Sheldon Fund Chairperson, Alumni Office 1300 Massachusetts Ave, Troy, NY 12180.

Return this application to:  
Samaritan Hospital School of Nursing Alumni, Inc.  
Attn: Welsh Committee  
1300 Massachusetts Avenue  
Troy, N.Y. 12180

Revised April 2017