



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

Leora E. Belknap Scholarship Fund Application

Year: _____ Date Semester Begins: _____

I. Personal Data

Name: _____

Address: _____

Email Address (optional): _____

Telephone # Day: _____ Evening: _____

Year of Graduation from the Samaritan School of Nursing: _____

Are you: Life Member (40 Year Grad) Sustaining Member (Dues paid)

Are you currently registered to practice as a Registered Nurse? Yes No

State(s) in which registered? _____

License #: _____

Year Baccalaureate Degree earned: _____ College/ School: _____

II. Employment Data

Employed at: _____

Position: _____ Full Time Part Time

Will be employed in the same position while attending school? Yes No

If no, indicate change(s): _____

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III. Academic/Financial Data:

Name of College: _____

Anticipated Date of Graduation: _____

Are you enrolled in a Masters in Nursing program? Yes No

List courses you plan to be enrolled in this semester (include credit hours):

Tuition/cost per credit hour: _____ Fees: _____

Will you be receiving any other scholarship or financial aid? Yes No

If yes, please list and explain: _____

Do you have any unusual financial responsibilities that should be considered? _____

If yes, please explain: _____

IV. Agreement:

I acknowledge that the above information is true and complete.

If I am granted a scholarship, I agree to use the monies solely for educational purposes stated above. I am presently in satisfactory academic standing.

I understand that this application and all credentials submitted by me will remain in confidence and the property of the Belknap Scholarship Committee.

I understand that this scholarship may be taxable under state and federal laws. I agree to submit official verification of completion of above course(s).

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If I withdraw from the program, I agree to return to the Alumni, Inc. any refund derived from this scholarship.

(Signature)

(Date)

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

Revised April 2017