



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

Doris Sheldon Fund Application

Name: _____ Year of Graduation _____

Address: _____

Employed at: _____

Full Time: ____ Part Time ____ Self supporting? ____ Retired ____

E-mail Address: (Optional) _____

Member of the Alumni in good standing: Life time member ____ Sustaining ____
(40 yr. grad.) (Dues pd.)

Illness:

- Diagnosis: _____

- Hospitalizations: From _____ To: _____
From _____ To: _____
- Physician's Name: _____

Process:

- **Submit copy of Hospital or medical bills with this form. The Alumni accountants require this information.**
- Send application and medical bills to Samaritan Hospital School of Nursing Alumni Office, Attn: Sheldon Chairperson, 1300 Massachusetts Avenue Troy, N.Y. 12180. To print form, press button below.
- Applications are reviewed no later than May 10th for the June Awards and November 10th for the December Awards. If your application arrives after the close date it will be retained and considered by the committee during the next review period.

- The amount of an award depends on the earnings from the Sheldon Fund.

(Signature of Applicant)

(Sheldon Chairperson)

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

Revised April 2017