



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

William F. and Josephine H. Seber Scholarship Fund

(Note: All grants are for a one semester period. Re-application is necessary for ensuing semesters).

Section I – General Information

1. Name: _____
 (First) (Maiden) (Last)

2. Address: _____
 (Street) (City) (State) (Zip Code)

Email Address (optional): _____

3. Phone: _____

4. Social Security: _____

5. Next of Kin: _____ Relationship: _____

6. Is your mother or father a graduate of the Samaritan Hospital School of Nursing? ____

7. Are you currently enrolled in the Registered Nurse Program? Yes ____ No ____

8. Date semester/course(s) begin _____

9. Expected date of completion of program _____

10. If you are a post graduate, are you a member of the Samaritan Hospital School of Nursing Alumni?

a. Are you a Life Member (40 year grad) Yes ____ No ____

b. Are you a Sustaining Member (dues paid for current year by 1/1) Yes ____ No ____

William F. and Josephine H. Seber Scholarship Fund

Post-Graduates *only* please complete questions 10-15 listed below.

11. Name of College you plan to attend: _____
12. Have you matriculated into the Nursing Program? _____
13. If no, when do you plan to matriculate? _____

Student Application for Scholarship

William F. and Josephine H. Seber Scholarship Fund

14. Date semester/course(s) begin: _____
15. Completion Date of Expected Degree: _____
16. Do you plan to obtain: BSN _____ MSN _____

Section II – Financial

17. a. If you are enrolled as a part-time student, list the course(s) and tuition for the course(s) you expect to complete: _____
- _____

b. If enrolled as a full time student state tuition per semester _____

c. List the total amount of other educational costs (i.e. books, lab fees, etc.) _____

18. List any financial assistance you expect to receive this semester.

Federal and State Aid \$ _____

Scholarships (Name) _____ \$ _____

Employer Reimbursement _____ \$ _____

Other _____ \$ _____

William F. and Josephine H. Seber Scholarship Fund

19. Are you employed? Yes ___ No ___ Full Time _____ Part Time _____

Place of employment _____ Position _____

Will you be employed during the coming semester? Yes__ No__ Full __ Part __

Place of employment _____ Position _____

20. Enter the specific amount that is requested for the coming semester: _____

21. List information that might effect specific need (i.e. home responsibilities, unusual medical expenses, etc). _____

Section III – Certification

A. I understand that I must adhere to the rules of the William F. and Josephine H. Seber scholarship fund. I understand that this scholarship may be taxable under state and/or federal regulations. I acknowledge all of the above information is true and correct.

Date: _____ Signature: _____

B. Signature of parent or guardian (if applicant is a minor and/or qualifies as a dependant under state and/or federal regulations). I have reviewed and am aware of all information on this application. I acknowledge all information is true and correct. I give approval for this application to be submitted.

Date: _____ Signature: _____

Relationship to applicant: _____

C. Verification by Financial Aid Officer of the Samaritan Hospital School of Nursing. I verify this applicant is in good academic standing and is not on probationary status. I verify the enrollment information, tuition, all costs are correct.

Date: _____ Signature: _____

Title: _____

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

William F. and Josephine H. Seber Scholarship Fund

Action on application by Scholarship Committee

Scholarship approved? Yes ___ No ___ Amount approved \$ _____

Scholarship disapproved: ___ Reason for disapproving: _____

Signatures:

Chairperson: _____ Date: _____

Committee members: _____ Date: _____

Committee members: _____ Date: _____

William F. and Josephine H. Seber Scholarship Fund Rules

1. The William F. and Josephine H. Seber Scholarship Fund inheritance are permanent funds and only the earnings may be used there from.
2. Meetings are held prior to the spring and fall semesters. Special meetings are held as required.
3. The fund chairperson shall notify each member of the committee at least one week prior to any meeting. Special meetings shall require a minimum of 48 hours notice.
4. Three members must be present at any meeting to constitute a quorum.
5. Applicants shall be:
 - a. Any Samaritan graduate who is a member of the Alumni Association in good standing (paid yearly dues of said year) - OR -
 - b. A female student in the registered nurse program of the Samaritan Hospital School of Nursing upon recommendation of the Director of the School of Nursing. First consideration will be given to students who are daughters of members in good standing in the Alumni Association.
6. Applicants must be:
 - a. Matriculated into a nursing program - OR -
 - b. Show intent to be matriculated into a nursing program.

Applications may be obtained from any Seber Fund Committee member or by written request to: Chairperson of the Seber Scholarship Fund, c/o Alumni Office, 1300 Massachusetts Avenue Troy, N.Y. 12180

7. Applications must be received by the Seber Fund Committee at least one month prior to the beginning of the semester or course. Applications are for one semester only. Reapplication is necessary for any ensuing semester. Applications for retroactive payment cannot be honored. Information received on the application will be held in confidence by the Seber Fund Committee.
8. Scholarship awards will be based on financial need, number of eligible candidates and total funds available. *Every effort will be made to utilize all available funds.* A lifetime

total of \$2,500.00 in award money shall be set as a limit for any one applicant. If an applicant presents an unusual situation, the application may receive special consideration.

9. Scholarship awards will be made payable to the awardees in care of the School of Nursing. The awardees will:
 - a. Sign a statement verifying the funds will be solely for educational purposes.
 - b. Return any funds derived from the Seber Scholarship award on withdrawal or dismissal from the program or courses.
 - c. Return award receipt and evidence of course enrollment verified by the bursar/registrar
10. Applicants will be notified of the decision of the Seber Fund Committee following the application evaluation meeting. All awards to scholarship recipients enrolled in the Samaritan School of Nursing will be made directly to the bursar's office. Other scholarship applicants will receive their award by mail.
11. Seber Scholarship Fund books are to be audited each January with Alumni books.
12. Fiscal year of the Seber Scholarship Fund is January 1st to December 31st.
13. Donations intended for the Seber Scholarship Fund must be so specified by the donor. These donations will be used following the prevailing rules and under the Seber Scholarship Fund name. All donor names will be recorded in the Seber Scholarship Fund ledger.
14. The above rules will be reviewed on a yearly basis, subject to change and upon the approval of the Directors of the Association; rules and any revisions there of will be filed with the Alumni Secretary as permanent record.

Failure to adhere to any of the above will eliminate eligibility for future Seber Fund Awards

Revised May 2017