

**PATRICIA M. PSENISKY NURSING SCHOLARSHIP FUND**  
**for Students, RN's or LPN's Seeking a BACHELOR'S DEGREE**  
**in Nursing or a GRADUATE DEGREE in Nursing**

**APPLICATION for the 2019-2020 SCHOOL YEAR**

Applicants should be pursuing a healthcare career and must be either a Hunterdon County resident; or an employee of Hunterdon Medical Center or its related organizations; or a child or spouse of a Hunterdon Medical Center employee or its related organizations.

All questions must be answered. Application may be rejected if all questions are not answered. If not applicable, put NA.

Award amount: \$1,000.00

Please Type or Print Clearly

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

Name of Applicant: \_\_\_\_\_ Birth date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Home Telephone Number: \_\_\_\_\_

Marital Status: (Please check the appropriate box)

Single  Married  Separated  Divorced  Widowed

School You Will Attend: \_\_\_\_\_ Number of Years: \_\_\_\_\_

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

Graduation Date: \_\_\_\_\_

Major: \_\_\_\_\_ Degree You Will Earn: \_\_\_\_\_

G.P.A. \_\_\_\_\_ Rank (if available): \_\_\_\_\_ Best SAT: V \_\_\_\_\_ M \_\_\_\_\_

G.R.E. \_\_\_\_\_

Employer: \_\_\_\_\_

Department (If not applicable, put NA): \_\_\_\_\_

**In addition to this form applicants are required to provide the following:**

- 1) Please write a 500 word essay stating what your career goals are and why you are seeking financial assistance from the Educational Funds.**
- 2) Two letters of reference.**
- 3) Copy of transcript (where applicable).**

**SEND APPLICATION FORM TO:**

**Scholarship Committee  
Hunterdon Healthcare Foundation  
9100 Wescott Drive – Suite 202  
Flemington, NJ 08822**

**Application deadline for 2019-2020 academic year: March 1, 2019**

**Applications must either be in the Foundation Office by March 1st or postmarked by March 1, 2019**