

**Saint Vincent Hospital Education and Research Fund, Inc**  
**Mary Brunell, Ed.D., RN Scholarship**

**Purpose**

The Mary Brunell Nursing Scholarship, established in 2006 with a gift from Mary Brunell, EdD, RN, Chief Nursing Officer, Saint Vincent Hospital, seeks to support Saint Vincent Hospital nurses who wish to advance their education through a bachelor, master or doctoral nursing program.

**Eligibility:** Students must be accepted into or currently matriculated in an undergraduate or graduate degree program.

**Selection:** Selection will be by the Board of Trustees of the Saint Vincent Hospital Education and Research Fund, Inc and based on financial need, qualifications and leadership potential within the profession.

**Application Process:**

1. Completion of Application (below), including updated resume.
2. Submission of a maximum 500 word essay describing interest and activities in nursing
3. Letter of support from current supervisor.
4. GPA of 3.0 or greater.
5. Return completed application packet to Anthony L. Esposito, MD.

**Application Deadline:** Friday, June 26, 2009

**Awards:** Scholarships will be awarded prior to the Fall semester

**Saint Vincent Hospital Education and Research Fund, Inc.**  
**Mary Brunell, Ed.D., RN Scholarship Application**  
**2009**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Information:**

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Contact Information:**

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Education level for which scholarship is requested:**

Junior: \_\_\_\_\_ Senior: \_\_\_\_\_ RN: \_\_\_\_\_ Graduate: \_\_\_\_\_

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

**Authorization for Release of Educational Records:**

I hereby authorize the Saint Vincent Hospital Education and Research Fund, Inc. to receive from the educational institutions noted below, copies of all educational records necessary for the review and consideration of this scholarship application.

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

**Educational Institution** (attach transcript).

School Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Essay:** Attach a maximum of 500-word essay describing your interest in nursing and commitment to healthcare. Specify how receiving this scholarship will help you achieve your educational and professional goals.

**Letter of Support:** Attach letter of support from current supervisor

**Resume:** Attach updated resume.