



*St. Mary Advocates, Inc.
536 Garden Street
Hoboken, New Jersey 07030*

Guidelines for St. Mary Advocates, Inc. Nursing/Health Care Scholarship

- Applicant must be a New Jersey resident.
- Applicant must have a high school diploma or equivalency.
- Applicant must be a U.S. citizen.
- Academic performance will be first consideration.
- Financial need will be second consideration.
- The recipient will receive a \$3,000.00 scholarship.
- The candidate is expected to maintain a 3.0 average.
- Scholarship monies will be given at the beginning of the school year.
- The recipient will be recognized and presented a certificate at the St. Mary Advocates, Inc. general membership meeting.
- The scholarship money will be issued directly to the school of nursing/health care.



Nursing/Health Care Scholarship Application

APPLICANT INFORMATION

Date: _____

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

US Citizen: YES _____ NO _____

Date of Birth: _____

Place of Birth: _____



Nursing/Health Care Scholarship Application

Do you have you any responsibilities that might interrupt or interfere with your program?

YES _____ NO _____

If yes, please identify: _____

EDUCATION

List all High Schools or other Secondary Schools attended

Please include Dates (From – To:), Name of School, and City/State Diploma Received:



Nursing/Health Care Scholarship Application

List Courses Taken Elsewhere (Other Universities/colleges)

Please include Dates (From – To:), Course, Name of School, and City/State:

EMPLOYMENT

List all employment, starting with most recent

Please include Dates (From – To), Position, Employer, and City/State:



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EXTRACURRICULAR ACTIVITIES

List Clubs or Organization Membership (In school or outside of school)

Please include Dates (From – To), Club Name, and Position Held:

Please list any Hobbies/Interests you'd like to share:

Have you done any Volunteer Service? Please provide the information below:

Name of Organization: _____

Address: _____

When did you volunteer: _____

What did you do: _____

Reference Name & Phone Number: _____



Nursing/Health Care Scholarship Application

COMPOSITION REQUIREMENT

In your own words, please provide a handwritten composition of 150 words or less stating why you feel nursing/healthcare is what you want as your life's work!

APPLICATION SUBMISSION

Please be sure to attach the following to your application:

1. A copy of your high school transcript or most recent academic transcript.
2. Proof of residency in the state of New Jersey
3. Proof of U. S. citizenship
4. Three letters of recommendation (Teachers, spiritual advisors, doctors, etc.) • Note that recommendations from family or friends are not acceptable.
5. Composition

I declare that the information given in this application is true and complete to the best of my knowledge.

Applicants under the age of 18 must provide name of:

Parent/Guardian _____
Phone Number _____
Email address _____

Please mail completed application to:

**St. Mary Advocates, Inc.
536 Garden Street
Hoboken, New Jersey 07030
Attn: Maria Reilly**