



Scholarship Application

**Instructions**  
 The Friends offer a variety of scholarships to those pursuing nursing and health related degrees. Submit this completed application and include **all requested documentation** to support your application. You may apply for more than one scholarship if you meet the eligibility requirements. Return to: Friends of South Shore Health, 55 Fogg Rd, Box 29, S Weymouth, MA 02190

1. Complete Your Personal Information			
Print Name (Last, First, Middle Initial)		E-Mail address	
Home Phone Number		Cell Phone Number	
Home Address (street, city, state, zip code)			
Are you a regular Full-time or Part-time employee?	<input type="checkbox"/> FT <input type="checkbox"/> PT	Length of service and department?	
Are you a System Volunteer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Length of service and department?	
Have you utilized all tuition reimbursement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How much have you used?	

2. Do you have family members who work for or Volunteer for South Shore Health?			
Name	Relationship	Length of service?	Department

3. School Information			
What school will you attend next semester?		Cost of course or program?	\$
What degree are you pursuing?		Current Year/level	
Martinsen Applicants only: High School attended/attending		Year of graduation	

4. Volunteer/Community/Leadership Experience
Include on your resume. Please describe in detail what experience you have and why it may be relevant.

	Health Related Family or Volunteer	Marion C. Martinsen Nursing	Richard & Joann Aubut Nursing	Terry Ries Nursing	Health Related Colleague	Friends Nursing
<b>Eligibility:</b>						
F/T or regular P/T employee		*	X	X	X	X
Family member of employee or volunteer	X	*				
South Shore resident	*	*				
High School Graduate	X	X				
GPA >= B- (2.7)	X	X	X	X	X	X
Utilizing tuition reimbursement			X	X	X	X
Current RN's eligible			X	X		X
Enrolled in accredited program	X	X	X	X	X	X
Pursuing BSN or higher			X	X		X
Pursuing RN		X				
Pursuing a certification in specialty area			X	X		
Must have minimum of 1 year at SSHS				X		
<b>Required paperwork:</b>						
Resume - work & school	X	X	X	X	X	X
Most recent transcript	X	X	X	X	X	X
List of previous nursing experience			X	X		X
Letter of recommendation from Supervisor	X	X	X	X	X	X
Letter of recommendation from Non-related individual, including length of time you've known each other.	X	X		X		
Essay (300 – 500 words) that answers the following:						
What are your personal and professional goals?	X	X	X	X	X	X
What is your motivation to further your education?	X	X	X	X	X	X
Why have you chosen nursing?		X				
What does it mean to you to be a part of South Shore Health?			X	X	X	X
Application deadline for <b>2025</b> :	<b>April 10</b>	<b>April 10</b>	<b>May 8</b>	<b>May 8</b>	<b>June 5</b>	<b>June 5</b>
I am submitting my application for the following scholarship(s): <b>CHECK ALL THAT APPLY</b>						

X – Eligibility and or documentation required.

\*Preference may be given.

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