

Grant Application for Nursing Scholarship

ST. JOSEPH'S CATHOLIC HEALTHCARE ENDOWMENT (Jane Robb Fund)

A. This is a needs-based scholarship.

B. Who is eligible?

Catholic students currently enrolled at Pima Community College, Division of Nursing, leading to an Associate's degree, Bachelor's degree, Certified Nursing Assistant, Licensed Nursing Assistant, Registered Nurse or Licensed Practical Nurse program. *

* After earning their degree, scholarship recipients are required to commit two years of service in a Catholic-sponsored health ministry in the Diocese of Tucson such as Carondelet St. Mary's, Carondelet St Joseph's, Holy Cross, CCS, Catholic School Nurse, etc.

C. General Information

Name	Date of Birth	Amount Requested (up to \$10K)
Street Address		City/State/Zip
Telephone	Email Address - PLEASE PRINT CLEARLY	

All information provided is true and correct to the best of my knowledge. If funds are granted, it is understood that I will send a summary letter at the time of graduation which highlights my experiences in nursing school and expresses the value of Catholic Foundation's assistance with my education.

Signature of Applicant	Date
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D. Description

1. Briefly describe why you are attending nursing school:
2. What are your long-term goals?
3. Document your academic achievements:
4. Please establish your need for financial assistance:
5. How do your nursing goals fit with our religious values?

6.	Please state your Catholic parish affiliation below and attach a letter of recommendation from your Pastor. Please provide names/addresses/contact info for two personal recommendations.	
7.	Please provide any relevant information not previously mentioned:	
8.	Do you certify that you are in good academic standing?	Yes <input type="checkbox"/> No <input type="checkbox"/>

E. Financial Information

Amount Requested (Funds will be paid to the institution at which the individual is enrolled.)	\$ _____
Itemize in dollar amounts how the funding from the grant will be used:	
Who will certify the accounting information relating to this grant?	

F. School Information

Are you currently enrolled in school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, which school?	_____
Have you been accepted into the nursing program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which school will you be attending?	_____
What is the cost of the full program?	\$ _____
What is your estimated graduation date?	_____

Thank you for your grant application. When completed, please mail or email to:

Catholic Foundation, Diocese of Tucson
 ATTN: Katheryn Hutchinson
 RE: St. Joseph's Catholic Healthcare Endowment
 192-2 South Stone Avenue, Tucson, AZ 85701

Email: khutchinson@diocesetucson.org

Questions? Please call (520) 838-2505.

DUE DECEMBER 31, 2021

Review of applications: January 2022
 Notification of awards: February 2022
 Grant Award Celebration: March 29, 2022