

# Grant Application: Nursing Scholarship

## ST. JOSEPH'S CATHOLIC HEALTHCARE ENDOWMENT 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 of Person Requesting Grant	Date of Birth	Amount Requested (up to \$10K)
Street Address	City/State/Zip	
Preferred telephone	Alternate telephone	Email Address

All information given is true and correct to the best of my knowledge. It is understood that I will return a completed official **Grant Evaluation Summary** to the St. Joseph's Catholic Healthcare Endowment Fund office with supporting documentation for expenditure of funds within 90 days of the grant award date.

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. If granted, how will you use your grant award?

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

**E. Financial Information**

1.	Amount Requested (Funds shall be paid to the institution at which the individual is enrolled.)	\$ _____
2.	Itemize in dollar amounts how the funding from the grant will be used:	
3.	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 so, 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](mailto:khutchinson@diocesetucson.org)

Questions? Please call (520) 838-2505.

**EXTENDED DEADLINE JANUARY 15, 2021 AT 5:00 PM**