Gilmore Nursing Continuing Education Scholarship

HOW TO APPLY:

1. Application packets are available online at www.svfoundation.org.
2. Applications must be received by June 1st and December 1st bi-annually for consideration of all nursing education to be completed in a January 1 to December 31 calendar year.
   a. For 2018 and 2019, one gift will be made in July.
   b. Beginning in 2020, a gift will be awarded in July and December.
3. Late or incomplete applications will not be considered.
4. The award will vary annually from $300.00 to $700.00.

RECIPIENT SELECTION:

1. The committee will review the applications to determine the most qualified candidate.
2. During the selection process, interviews may be necessary. Interviews may be in person, by video-teleconferencing, or by phone.
3. Recipients will be notified of acceptance in writing.
4. Proof of expenses must be presented prior to reimbursement for learning opportunity.

CHECKLIST OF APPLICATION DOCUMENTS:

All applicants must include:

— Application Form
— Letter of Intent
   1. Purpose of educational opportunity
   2. What will you add to the organization based on the learning activity?
   3. What skill and knowledge will you acquire from the learning?
   4. How will you share this skill and knowledge with colleagues and care team?

Send all documents in ONE package to:

St. Vincent Foundation
1106 N 30th St
Billings MT, 59101

Gilmore Nursing Continuing Education Scholarship Application Form

PERSONAL INFORMATION:

St. Vincent Associate ID#	Last Name		First Name
Address		Apt. #	City/State/Zip
Home Phone#	Cell Phone#	Work Phone#	Email Address

REFERENCES: Please list your work supervisor.

Name:	Phone #(s)	Email Address

APPLICATION WORK HISTORY:

Employer/City/State	Position	From/To

CERTIFICATION & RELEASE:

I certify that the information set forth in this application is true and complete to the best of my knowledge. I understand that if accepted into this program, the falsification or willful omission of information on this application shall be considered sufficient cause for my removal from the program.

Applicant's Signature: _____ Date: _____