

Guidelines for the The Pocket Nurse™ Scholarship Fund of The Pittsburgh Foundation

Pocket Nurse®, a nurse owned and operated company, has established a Scholarship Trust Fund whose monies are dedicated to assisting qualified applicants to pursue their education. Three (3) scholarships will be awarded annually. One (1) scholarship to be awarded to each of the following applicants in the following fields: Allied Health, Nursing and Nursing Faculty.

Qualifications

- Allied Health:
 - Currently enrolled in an accredited Allied Health Program
 - Provide most recent High School or Allied Health transcripts, demonstrating a GPA of 3.0 or higher

- Nursing:
 - Currently enrolled in an accredited Nursing Program
 - Provide most recent High School or Nursing Program transcripts, demonstrating a GPA of 3.0 or higher

- Nursing Faculty
 - Currently enrolled in Nursing Graduate Program
 - Provide most recent Undergraduate Program transcripts, demonstrating a GPA of 3.0 or higher

Applicant must complete the attached application and include required attachments as listed in the application.

Final selection of the scholarship winners will be decided (subject to the approval of the Board of Directors of The Pittsburgh Foundation) by a Selection Committee under the auspices of Pocket Nurse®. (Pocket Nurse® employees or their families are not eligible). *No member of the Advisory Committee, or his or her immediate family, is eligible for scholarship assistance during his or her tenure on the Advisory Committee.*

The Pittsburgh Foundation shall notify the chosen scholarship recipient(s) of its decision. The scholarship payment will be made annually after The Pittsburgh Foundation's June Board Meeting, and after the selected student notifies the Foundation about the school he or she will be attending. Payment will be made to the school for the student.

Pocket Nurse Scholarship Fund Application

Date: _____

Name: _____

Student ID# _____ Email address: _____

Home Address: _____

Telephone #: (_____) _____

Currently enrolled in: **Allied Health**
 Nursing
 Nursing Faculty

SCHOOL INFORMATION

Name of School: _____

School Address: _____

Degree Pursuing: _____

GPA/QPA: _____ Anticipated Date of Graduation: _____

ATTACHMENTS:

- 500 word (or less) essay describing a Healthcare related Community Project you have participated in within the last two (2) years.
- Two (2) letters of recommendation from:
Former faculty
Personal (not a family member)/Colleague
- Copy of most recent Official School Transcript

Return application and attachments by **January 14th** to:

Pocket Nurse Scholarship Fund
c/o Deborah Turner
Scholarship Coordinator
The Pittsburgh Foundation
Five PPG Place, Suite 250
Pittsburgh, PA 15222-5414