

# Connie Massari Fund

## 2024 Nomination Form

Nursing Student Name \_\_\_\_\_ School ID# \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

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Scholarships will be awarded in the following categories, please indicate the program you are enrolled in:  Generic  Accelerated  Radiology  Medical Sonography

Attach the following:

1. Narrative Statement not to exceed 1 page *addressing the applicant's interest in public health*
2. Current transcript
3. 1 letter of recommendation

**DEADLINE FOR SUBMISSION: June 1 for Fall and December 1 for Spring**

Submission Instructions:

Scan completed application and supporting paperwork as one document and send scanned document by email to: [jfkmuhlenbergscholarships@hmhn.org](mailto:jfkmuhlenbergscholarships@hmhn.org)

**KEEP A COPY OF THIS APPLICATION FOR YOU RECORDS**