



## Connelly-Delouvrier International Scholars Program for Nursing Students

### Application for Funding

**Instructions:** *Students may only receive a Connelly-Delouvrier Scholarship once.* You may complete this application by either printing it out and completing the form in blue or black ink OR by entering information in the spaces provided in the Adobe Acrobat PDF form and then print it. Please submit the completed applications to the Faculty Advisor for the selected educational opportunity. The **application, two (2) references and essay** must be stapled together and submitted as a packet to the Faculty Advisor for the selected educational opportunity.

*Please print neatly or type directly into the form. Adobe Acrobat required.*

STUDENT ID NUMBER: \_\_\_\_\_ GENDER    MALE    FEMALE (*CHECK OR CIRCLE ONE*)  
 LAST NAME: \_\_\_\_\_ DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_  
 FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
 MAIDEN NAME: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS	PRESENT ADDRESS
NUMBER, STREET, PO BOX OR APT. NUMBER IF NEEDED	NUMBER, STREET, PO BOX OR APT. NUMBER IF NEEDED
CITY	CITY
STATE	STATE
ZIP                      COUNTRY	ZIP
E-MAIL	
TELEPHONE NUMBER	
FAX	

UNDERGRADUATE STUDENT:    FRESHMAN                  SOPHOMORE                  JUNIOR                  SENIOR

*(CLICK TO CHECKMARK OR CIRCLE ONE)*

GRADUATE STUDENT                      EXPECTED DATE OF GRADUATION (MM/YYYY): \_\_\_\_\_

GPA (CUMULATIVE): \_\_\_\_\_

COURSE NAME AND NUMBER: \_\_\_\_\_

SITE (*PERU, IRELAND, ETC.*): \_\_\_\_\_

RECOMMENDATIONS: *FACULTY MUST USE ATTACHED FORM*

NAMES OF FACULTY: \_\_\_\_\_ AND \_\_\_\_\_

ESSAY: CONCISELY STATE YOUR REASONS FOR REQUESTING CONNELLY-DELOUVRIER FOUNDATION FUNDING. INCLUDE PERSONAL AND PROFESSIONAL GOALS AS THEY RELATE TO THIS COURSE/EXPERIENCE, LIFE EXPERIENCES THAT HAVE INFLUENCED YOUR DECISION TO APPLY FOR THIS COURSE/EXPERIENCE AND UNIQUE QUALIFICATIONS WHICH YOU BRING TO THIS COURSE/EXPERIENCE.

(THIS SHOULD BE A ONE TO TWO PAGE TYPED ESSAY WHICH IS ATTACHED TO THE APPLICATION).

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## Connelly-Delouvrier International Scholars Program for Nursing Students

### Recommendations

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**Instructions:** Please obtain recommendations and attach them to your completed application. Ask your advisor or clinical instructor(s) to complete your recommendation by commenting on each of the criteria below.

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Student's Name: \_\_\_\_\_

Advisor/Clinical Instructor Name: \_\_\_\_\_

#### CRITERIA

Professional Demeanor

Cultural Sensitivity

Maturity

Clinical Performance (if applicable)

Flexibility

Other Comments



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### Recommendations

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