

# The Karen Mahoney Scholarship Fund

## Application

Before completing the following application, please make sure you meet the requirements listed below: The recipient of this scholarship must;

- a) have worked for one year or longer at The University of Vermont Health Network – Alice Hyde medical Center
- b) be enrolled in an accredited RN or LPN program
- c) be recommended by his or her supervisor

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Current Work Title:** \_\_\_\_\_ **Current Department:** \_\_\_\_\_

**Years in this department:** \_\_\_\_\_

**(Required to have worked for a minimum of one year)**

**Other experiences at The UVM Health Network Alice Hyde Medical Center:**

\_\_\_\_\_  
\_\_\_\_\_

### CONTINUING EDUCATION:

**Major Field of Study:** \_\_\_\_\_ **College/Facility:** \_\_\_\_\_

**Program Acceptance Date:** \_\_\_\_\_ **Program Start Date:** \_\_\_\_\_

**Approximate Cost Per Semester:** \_\_\_\_\_

**Are you receiving other financial assistance:** \_\_\_\_ Yes \_\_\_\_ No

**How much do you expect to pay for each semester on your own?** \_\_\_\_\_

**Please return this application with a letter of recommendation from your Supervisor**

by May 1st to the Volunteer's Office, the Gift Shop or by mail to, The UVM Health Network - Alice Hyde Medical Center Auxiliary, 133 Park Street, Malone, NY 12953