

DESCENDANT APPLICATION FOR NURSES' SCHOLARSHIP FUND

The Clara Melville-Adele Lewis Scholarship Fund of the
Alumni Association of the School of Nursing (Diploma Program)

Diploma Alumni Member

Last Name: _____ First Name: _____ Middle Initial: _____

Maiden Name: _____

Year of graduation from Jefferson Diploma School of Nursing: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: Home: _____ Cell: _____

Applicant

Last Name: _____ First Name: _____ Middle Initial: _____

Relationship to Above Diploma Alumni Member: _____
(Must be a close relative—child or grandchild)

Address: _____

City: _____ State: _____ Zip: _____

Phone number: Home: _____ Cell: _____

Plans for your professional career

TJU School of Nursing Degree Program: _____

Total number of credits required for this degree: _____

Semester and year of enrollment for which you are requesting funding: _____

Additional Financial Assistance

Scholarships/Grants: _____ Work Reimbursement: _____

Have you received money from this Alumni in the past? Yes No

Dates: _____

Upon completion of course work, we require that you send proof of your passing grade(s) to the Alumni Office and a financial report of cost incurred by you from the Bursars' Office before any additional requests will be considered.

I verify that all information provided to the Alumni Association is true to the best of my knowledge.

Signature: _____ Date: _____

**Please return completed application to nurse.alumni@jefferson.edu or
Jefferson Diploma Nurses Alumni Association, Pinizzotto-Ammon Alumni Center,
Jefferson Alumni Hall, 1020 Locust Street, Suite 210, Philadelphia, PA 19107-5233**

Scholarship recipients must submit a new application each semester