

# 19th Annual Eileen Austin Neal RN Memorial Scholarship for Nursing

This scholarship is provided by the family and friends of Eileen Austin Neal, who was a Registered Nurse at Springfield Hospital from 1940 –2005.

#### **Eligibility**

Open to any Springfield-area student who has been accepted into a nursing program of study.

#### <u>Amount</u>

\$1,000

#### Criteria

Applicants will be judged on interest in and commitment to the field of nursing. Determination will be based on merit and need.

#### **Deadline**

Completed applications with all required material must be received by 5:00 PM on Friday, June 14, 2024.

The scholarship will be awarded in late June.

#### **Requirements**

Mail or deliver the following:

- 1. Application form
- 2. Transcript from high school
- 3. Acceptance letter from college
- 4. Financial need data
- 5. 2 letters of personal reference

to: Springfield Hospital, c/o Marketing and Development Department PO Box 2003
Springfield, VT 05156

## 19th Annual Eileen Austin Neal RN Memorial Scholarship for Nursing 2024 Application

Name			
First	Middle	Last	
Mailing Address			
Date of Birth	Telephone	Email	
Current School			
Course of Study			
Extracurricular activities			
Graduation Date			
Why do you want to be n	urse? (attach additional sh	neet if necessary)	
Educational institution a	nd program you plan to pu	ırsue	
Length of program			
Reason for your ch			

### High School Student's name We have a request from the Eileen Austin Neal Memorial Scholarship Committee to release the following information, which will be kept in confidence by them: Academic marks and rank (transcript) Family background and financial needs data 2 letters of personal reference Acceptance letter from college to be attended Application form Please indicate below by your signature your agreement for this school to complete this request. **Applicant** Date Parent Date

Date

Director of Guidance

PERMISSION TO RELEASE PERMANENT SCHOOL RECORD INFORMATION