

# KATHLEEN A. ELLIS SCHOLARSHIP APPLICATION

*For Continuing Education in the Field of Nursing*

**Instructions:** Complete, date and sign this form. Return to address below, along with proof of registration. If you have already paid for individual courses, please include a copy of your receipts for course tuition and books.

**Return to:** Patsy Spears, Administrative Coordinator, ConnexCare, 61 Delano St., Pulaski, NY 13142

**Due by:** April 21, 2023

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Employer/Address \_\_\_\_\_

☐ Part-Time    ☐ Full-Time    Position/Title: \_\_\_\_\_

High School \_\_\_\_\_ Year Graduated \_\_\_\_\_

Name & Address of Accredited University/College (*please attach proof of registration*) \_\_\_\_\_

This University/College is being attended in order to obtain a: \_\_\_\_\_

degree in \_\_\_\_\_. When will Degree be obtained? \_\_\_\_\_

☐ Graduate    ☐ Undergraduate

**If currently registered in individual course study, complete this section:**

Course #1: \_\_\_\_\_

Course #2: \_\_\_\_\_

Official Course Code: \_\_\_\_\_

Official Course Code: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Name of Course: \_\_\_\_\_

# of Credit Hours: \_\_\_\_\_ End Date: \_\_\_\_\_

# of Credit Hours: \_\_\_\_\_ End Date: \_\_\_\_\_

**On a separate sheet of paper, briefly state why you feel you should receive these funds.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

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**THIS AREA IS FOR OFFICIAL USE ONLY**

Recommendation: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**