

Dear Applicant:

Attached is an application for the Kathy A. Ellis Scholarship and Grant Program for education in the field of nursing. The purpose of the scholarship is to provide financial aid to qualified individuals who are either entering a program or continuing their education in the field of nursing.

To qualify, an applicant must be enrolled or have been accepted into an accredited LPN, RN, or NP nursing program.

Please return completed application no later than September 3, 2021 to Mrs. Sammi Dailey, Executive Assistant, ConnextCare, 61 Delano Street, Pulaski, NY 13142.

Sincerely,

*Beth Hallinan*

Beth A. Hallinan  
Kathy A. Ellis Chair

*Say hello to healthy*

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There are two opportunities to apply:

1. The scholarship program is awarded to individuals entering a program or continuing education in the field of nursing; this is a one-time scholarship for \$500.00.
2. The grant program is awarded to a current employee of ConnexCare who applies for additional education or training; it is competitive; this is a grant of \$2000.00 (\$500 per semester for four semesters).
  - Applicants must maintain a grade of B or higher.
  - Applicants must continue employment for two years after receiving the grant.
  - It is the responsibility of the applicant to submit grades to ConnexCare.
  - It is the responsibility of the applicant to request funds each semester.

*Say hello to healthy*

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# KATHLEEN A. ELLIS SCHOLARSHIP AND GRANT 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 individual courses have already been paid for, please include a copy of your receipts for course tuition and books.

**Return to:** Sammi Dailey, Executive Assistant, ConnexCare, 61 Delano St., Pulaski, NY 13142

**Due by:** September 3, 2021

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: \_\_\_\_\_

Please indicate to which fund you wish to apply: ☐ KAE Scholarship    ☐ KAE Grant Fund

**\*\*Briefly state why you feel you should receive these funds (on a separate piece of paper)\*\***

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

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

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**THIS AREA IS FOR OFFICIAL USE ONLY**

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

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

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

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

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