

St. Lawrence Health IGH Scholarship Application

Open to current St. Lawrence Health employees

Date of Application: _____

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____

Email: _____

Date of Hire: _____

Jobs Held: _____

Current Role: _____

Campus/Work Location: _____

**Why should the committee select you as a recipient of the
St. Lawrence IGH School of Nursing Scholarship?**

(i.e. qualities, characteristics, interests):