

William D. Schulz, Esq. Parish Nurse Scholarship Application

_____ I wish to apply for a scholarship to attend the Faith Community Nurse Education Program sponsored by the Catholic Health Faith Community Nurse Program and the Parish Nurse Ministries of New York, Inc. **I agree to function in the role of a Faith Community Nurse upon completion of this educational course.**

_____ I have attached a personal statement (two pages, double spaced with 1" margins) regarding my desire to become a Faith Community Nurse and the reason(s) that I am applying for financial assistance.

_____ I have attached my CV or resume, which includes community service/volunteer service.

_____ I have attached one professional letter of reference.

_____ I have attached a letter of reference from a member of the clergy representing my faith community; along with a commitment letter of support of my ministry.

_____ I agree to become an active member of the Parish Nurse Ministries of New York, Inc.

_____ I will submit a one-page report to the Executive Committee of the Parish Nurse Ministries of New York, Inc., outlining the Faith Community Nurse Ministry activities that I planned, executed, and participated in during the year following completion of the Faith Community Nurse Education Program (Due 1 year from education completion date).

_____ I attest that this application is complete and accurate.

Signature: _____

Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____ Fax: _____

Faith Community Name / Address: _____

Mail to: Parish Nurse Ministries of New York, Inc. P.O. Box 842, Buffalo, NY 14240-0842