

Nursing SCHOLARSHIPS

2024

JAMES D. DURANTE & RUTH E. STAFFORD

RECOMMENDATION FORM

The following Applicant has applied for a Nursing Scholarship and has listed you as a Reference.
Please provide the following information.

APPLICANT INFORMATION:	
Applicant Name:	Telephone:

REFERENCE INFORMATION:		
Name:	Telephone:	
Address:		
City:	State:	Zip Code:
Position / Title:	How long have you known Applicant?	
Employer of Applicant:	In what capacity do you know Applicant?	

DESCRIPTION OF APPLICANT'S QUALIFICATIONS:

Please describe why you believe this applicant would be a worthy recipient of a nursing scholarship using specific examples.

1. Limit your answer to a maximum of 150 words
2. Please sign and date your recommendation
3. Place written recommendation along with this recommendation form in a SEALED ENVELOPE with your signature across the seal, and return it to the applicant for inclusion with the application materials

SEND COMPLETED APPLICATION PACKAGE TO:

MAIL: Joanne O'Connor
Foundation for Quality Care, Inc.
33 Elk Street, Suite 300 | Albany | NY 12207

ONLINE: nyshfa-nyscal.org/fqc/scholarships/

ALL APPLICATIONS MUST BE RECEIVED NO LATER THAN: MAY 31, 2024

*If you have questions regarding the program or the application process,
please contact Joanne O'Connor 518.462.4800, Ext. 23*

NYSHFA-NYSCAL.ORG

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FOUNDATION
for QUALITY CARE

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Nursing SCHOLARSHIPS ²⁰²⁴

JAMES D. DURANTE & RUTH E. STAFFORD

APPLICATION FORM

APPLICANT INFORMATION:		
Applicant Name:	Telephone:	
Home Address:	Email:	
City:	State:	Zip Code:

EMPLOYMENT INFORMATION:		
Facility Name:	Telephone:	
Facility Address:		
City:	State:	Zip Code:
Applicant's Job Title:	Date of Hire:	Years Employed:
Facility Administrator's Name		

EDUCATIONAL INSTITUTION:		
Name:	Telephone:	
Address:		
City:	State:	Zip Code:
Enrollment / Matriculation Date:	Expected Graduation Date	

TYPE OF PROGRAM WHICH YOU ARE APPLYING / ENROLLED:	CHECK ONE		
	Applying To	New Enrollee	Currently Enrolled
RN Program			
Advance RN Degree (RN pursuing BS)			
Advanced Practice RN (RN pursuing MS, Doctorate)			
LPN Program			

Nursing SCHOLARSHIPS

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APPLICATION FORM

PERSONAL STATEMENT:

On a separate sheet of paper, please provide your response to the following questions. Your responses must be typewritten and should be between 50 and 75 words per question. Include your name at the top of each response sheet and attach this information to your application.

1. Why did you choose to work in a long-term care facility?
2. After completing the educational requirements for your nursing degree, how will you use your knowledge?
3. List two challenges of long-term care and describe how you will help the long-term care community meet those challenges.

TERMS OF AGREEMENT:

I certify that I am in the process of applying, or meet all of the requirements for an enrolled student and/or a student in good standing at an accredited institution.

I certify that all of the information contained herein is true and correct.

If I receive a scholarship, I agree to provide the Foundation for Quality Care, Inc. with transcripts, including grades, as proof of enrollment in a nursing program.

APPLICANT SIGNATURE:

Print Name:	Applicant Signature	Date of Application:
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The following items **MUST** be included with your Application:

1. Your Personal Statement (see instructions above)
2. Documentation from your academic institution (see brochure for details)
3. Two letters of recommendation (see brochure for details)

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