

**Thomas Jefferson University  
Jefferson School of Nursing  
Nurse Anesthesia Scholarship Award Program**

**Application**

Name: \_\_\_\_\_ SS# \_\_\_\_\_.

Address: \_\_\_\_\_  
\_\_\_\_\_.

Telephone: \_\_\_\_\_ Email \_\_\_\_\_.

U.S. citizen: \_\_\_\_\_ Yes, \_\_\_\_\_ No.

Permanent Resident of the United States: \_\_\_\_\_ Yes, \_\_\_\_\_ No.

Alien Registration# \_\_\_\_\_.

Country of citizenship: \_\_\_\_\_.

Number of months into the program: \_\_\_\_\_.

Requested Hospital: \_\_\_\_\_ TJUH, \_\_\_\_\_ Frankford HCS,  
\_\_\_\_\_ Christiana HCS.

**\*Area to be completed by program director:**

The student \_\_\_\_\_, has successfully completed one year in the Nurse Anesthesia Program and is in good didactic, and clinical standing.

Cumulative grade point average: \_\_\_\_\_.

**Program Directors signature:** \_\_\_\_\_.

Student will you receive scholarship and/or financial support for their Nurse Anesthesia education.

\_\_\_\_\_ Yes, \_\_\_\_\_ No. If yes, from \_\_\_\_\_, in the amount of \_\_\_\_\_.

Educational Background:

College/University	From-To	Major	GPA

Employment/Volunteer experience:

Employer/Address	From-To	Volunteer/Paid	Position

**I hereby apply for Thomas Jefferson Hospital's Nurse Anesthesia Scholarship award Program. If I am awarded and accept this scholarship, I am aware that I commit myself to employment at the awarding institution immediately following graduation and I further understand that I shall be bound by the terms set out in an agreement that I will sign as a condition to receiving the grant. I also understand the information contained in this application for admission to the College and/or my current academic record will be used in the Nursing Scholarship award selection process.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE