



WDMS/WDMSA Nursing Scholarship Fund • Worcester District Medical Society Alliance  
321 Main Street • Mechanics Hall • Worcester, MA 01608

## **Worcester District Medical Society/Worcester District Medical Society Alliance MSN/NP Scholarship**

The Worcester District Medical Society Alliance, founded in 1948, is an organization made up of physicians' spouses committed to advancing the health and well being of our community. We have a long history of offering educational materials and programs, nursing scholarships, and participating in the community through a variety of programs.

The WDMSA awards scholarship(s) to a MSN/NP student each year. The number and amounts offered are evaluated each year based on the monies available through donations and fund raising. This year the WDMSA will be awarding \$2000 in scholarship to a student attending an MSN/NP program. The Scholarship Committee is currently accepting applications.

The criteria for scholarship awards will be based on scholastic achievement, an essay, and completion of the application.

Application deadline is June 1st. **Only completed applications will be considered.**

### **Eligibility:**

A legal resident of Worcester County who is currently enrolled in an MSN or NP program.

### **Criteria:**

Students in high academic standing, with a minimum GPA of 3.4.

### **Process:**

Submit an *official sealed transcript* from the nursing program that the applicant is currently enrolled. It is the applicant's responsibility to have all requirements of the application posted by June 1st. Applicants will be notified by August 15<sup>th</sup>. The scholarship will be awarded annually in November at the WDMS Fall District Meeting. The scholarship awarded will be applied towards tuition and payable to the recipient's nursing program.

**The following items are required:**

1. Completed application form
2. Resume or curriculum vitae
3. Sealed transcript
4. One letter of recommendation or letter of support from a faculty member of your graduate program.
5. An essay, **500 word maximum**, stating your reasons for continuing your education in a graduate program. In addition, answer one of the following questions:
  - a. How do you see yourself facilitating healthcare to the underserved?
  - b. Through your role as an advanced practice nurse, how will you improve individual healthcare by patient advocacy, health education and illness prevention?
  - c. In your role as an advanced practice nurse, how will you give back to your community?
  - d. If education is your focus, what is your commitment to teaching nursing students that will provide capable, well trained nurses for the future?

The Scholarship Committee will review the candidates' applications and make a selection based on academic performance, scholastic achievement and community service.

Interviews may be required, if the committee deems necessary.

*Essays and Letters of Recommendation* may be submitted by email to [wdmsalliance@massmed.org](mailto:wdmsalliance@massmed.org).

All *Transcripts* or other *Supporting Documents* should be mailed to:

C/O WDMSA Nursing Scholarship Committee  
75 Wyndhurst Drive  
Holden, MA 01520

For questions, please call 508-829-7229 or email [wdmsalliance@massmed.org](mailto:wdmsalliance@massmed.org).

**Worcester District Medical Society/Worcester District Medical Society Alliance  
MSN/NP Nursing Scholarship Application**

Applicant Name \_\_\_\_\_  
Last name First name Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

How long have you been a Worcester County Resident? \_\_\_\_\_

School of Nursing you are currently enrolled in \_\_\_\_\_

Address of School \_\_\_\_\_

Date of Enrollment: Month \_\_\_\_\_ Year \_\_\_\_\_

Projected Date of Graduation: Month \_\_\_\_\_ Year \_\_\_\_\_

What specific degree are you seeking?  
\_\_\_\_\_

What is your focused area of study?  
\_\_\_\_\_

**Academic Achievements**

Please list honors, grants, scholarships, publications, special projects

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reference**

Please provide the name, email and business phone number of the faculty member who will be providing the letter of support.

\_\_\_\_\_

**Essay**

500 word maximum, stating your reasons for continuing your education in a graduate program.

In addition, answer one of the following questions:

1. How do you see yourself facilitating healthcare to the underserved?
2. Through your role as an advanced practice nurse, how will you improve individual healthcare by patient advocacy, health education and illness prevention?
3. In your role as an advanced practice nurse, how will you give back to your community?
4. If education is your focus, what is your commitment to teaching nursing students that will provide capable, well trained nurses for the future?

The information supplied by me on this application is true and correct to the best of my knowledge. If awarded this scholarship, I give permission to print my name in the WDMSA newsletter and the local newspaper.

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Signature

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Date