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

Worcester District Medical Society Alliance
BSN Nursing 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 BSN student each year. The number and amounts offered are evaluated each year based on the monies available thr ough donations and fund raising. This year the WDMSA will be awarding up to $2000 in scholarship to a student attending a BSN program. The Scholarship Committee is currently accepting applications.

The recipient for the scholarship will be selected on the basis of scholastic achievement, an essay, community service and completion of the application.

Application deadline is September 30th. **Only completed applications will be considered.**

Eligibility:
A legal resident of Worcester County who has completed one year of an accredited 4 year BSN undergraduate program or is attending a post-baccalaureate BSN or RN-to-BSN program.

Criteria:
Students in high academic standing, with a minimum GPA of 3.4 who demonstrates involvement in community service.

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 postmarked by September 30th. 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. One letter of recommendation from an instructor or professor in the nursing program in which the applicant is currently enrolled.
3. An essay describing the applicant's reasons for selecting a career in nursing and what the applicant forsees as their contribution to the future of the profession of nursing.

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.

All *Transcripts, Essays* and *Letters of Recommendation* should be mailed to:

C/O WDMSA Nursing Scholarship Committee
321 Main Street
Worcester, MA

For questions, please email wdmsalliance@massmed.org.

Worcester District Medical Society Alliance
BSN Nursing Scholarship Application

Applicant Name_____
Last name First name Middle

Address_____

City_____ State_____ Zip_____

Daytime Telephone_____ Email_____

Name of College/University of BSN Program Enrollment_____

Address of School_____

Date Entered this Nursing Program: Month_____ Year_____

Expected Date of Graduation: Month_____ Year_____

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

_____

_____

Please describe any special or personal circumstances that you believe should be considered

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_____

_____

Community Service
Please describe, in detail, your participation in community service

Institution Dates Nature of Duties

_____

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_____

Reference
Please provide the name, email and business phone number of the instructor, from your current program, who will be writing your letter of recommendation.

_____

Essay
Please describe your reasons for choosing a career in nursing and what do you foresee as your contribution to the future of the profession of nursing.

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.

_____ _____
Signature Date