



Nurse Scholars Program Application Form

Applicant Data

Name: _____ Social Security Number: _____

(School) Address: _____

(School) City, State, and Zip Code: _____

(Permanent/Home) Address: _____

(Permanent/Home) City, State, and Zip Code: _____

Phone Number (Day): _____ Phone Number (Evening): _____

Date of Birth: _____ Email Address: _____

Anticipated Graduation Date: _____ Degree Currently Pursuing: _____

Educational Background

List all of the post-secondary schools you have attended.

Name of School City/State	Dates Attended (to/from)	Graduated? Yes/No	Graduation Date	Major	Degree	GPA

Work Experience

List your paid and volunteer work experience. You may also attach a resume if you have one prepared.

Name of Employer City/State	Start Date	End Date	Title	Briefly describe responsibilities

Have you ever worked for Genesis before? If so, explain _____

Have you ever been convicted of a crime, excluding minor traffic violations? Yes No

If yes, please list the conviction date, court, location, and type of the offense: _____

Please read the following statement and sign below.

Please accept my application for the Genesis HealthCare Nurse Scholars Program. If approved to receive the scholarship, I agree to complete the post-graduation, full-time work commitment. I understand that if I do not satisfy this full-time work commitment in its entirety, for any reason (including voluntary termination, involuntary termination, or change to part-time or casual employment status), I will repay any and all scholarship money that was already received. I authorize Genesis HealthCare to withhold this debt from my final paycheck(s). In the event that I become eligible for a leave of absence while I am employed by Genesis HealthCare, I understand that the aforementioned work commitment to the company will be extended based on the number of days I am away from work on a leave of absence. I understand that employment with Genesis HealthCare is subject to customary employment guidelines and qualifications including, but not limited to, successful completion of a background check and drug screen. In the event that I am ineligible for employment with Genesis HealthCare, I will repay the company any and all scholarship money that was already received. I understand that assignment to a Genesis HealthCare Center is at the discretion of company management.

The information that I have provided on this application is true and correct, and I have met the eligibility requirements of the program as described within this application. False statements on this application and any employment-related documents shall be considered sufficient cause for denial of scholarship qualification and/or denial or termination of employment with Genesis HealthCare. I hereby authorize that my academic records be made available to Genesis HealthCare.

Applicant Signature: _____ Date: _____

Complete applications include the following:

- Two letters of recommendation. One should be from faculty who can attest to the potential for successful completion of the nursing program and future contribution to the field of gerontological nursing.
- A transcript from the current educational institution with a minimum of a 3.0 overall grade point average.
- A statement of professional and educational goals with emphasis on contributions the student expects to make to improve nursing care for older adults (not to exceed 300 words).

Please return complete application requirements to:
William F. Connell School of Nursing at Boston College
Palliative Care Program
Attn: Katie Tardiff, APRN, BC, GNP
Phone (617) 552-0540