

# Tufts Health Plan Foundation Nurse Scholars Program Application Form

## **Applicant Data**

Name: \_\_\_\_\_ ID 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: \_\_\_\_\_  
 How did you find out about this scholarship program? \_\_\_\_\_  
 \_\_\_\_\_

## **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

Please provide the name and full contact information for one reference.\* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*\* This reference may be contacted to provide a brief statement on your abilities and characteristics such as your level of commitment to nursing education, scholarliness, intellectual curiosity, interpersonal skills and ability to maintain relationships over time with peers in nursing education and other fields.*

***Please read the following statement and sign below.***

Please accept my application for the Tufts Health Plan Foundation Nurse Scholars Program. If approved to receive the scholarship, I agree to complete the post-graduation commitment to teach in some capacity in Massachusetts for one year immediately following graduation. I understand that if I do not satisfy this work commitment in its entirety, for any reason (including voluntary termination or involuntary termination), I will repay any and all scholarship money that was already received.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return complete application requirements to:***

Patricia A. Tabloski, PhD, GNP-BC  
Associate Dean Graduate Program  
William F. Connell School of Nursing at Boston College  
*tabloski@bc.edu*

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