

KATHLEEN A. ELLIS SCHOLARSHIP APPLICATION
For Continuing Education in the Field of Nursing

Instructions: Complete, date and sign this form. Return to address below, along with proof of registration. If you have already paid for individual courses, please include a copy of your receipts for course tuition and books.

Return to: Patsy Spears, Administrative Coordinator, ConnexCare, 61 Delano St., Pulaski, NY 13142

Due by: April 25, 2025

Name Telephone

Address Email

Employer/Address

Part-Time Full-Time Position/Title: _____

High School Year Graduated

Name & Address of Accredited University/College (*please attach proof of registration*)

This University/College is being attended in order to obtain a: _____

degree in _____. When will Degree be obtained? _____

Graduate Undergraduate

If currently registered in individual course study, complete this section:

Course #1: _____ Course #2: _____

Official Course Code: _____ Official Course Code: _____

Name of Course: _____ Name of Course: _____

of Credit Hours: _____ End Date: _____ # of Credit Hours: _____ End Date: _____

On a separate sheet of paper, briefly state why you feel you should receive these funds.

Date

Signature

THIS AREA IS FOR OFFICIAL USE ONLY

Recommendation: _____

Signature

Signature

Signature

Date