

25th Annual Elizabeth Brady Lavin **Nursing Scholarship Application**

A \$1,000 scholarship awarded to any employee enrolled in an Associate or Bachelor's Degree in Nursing or for Registered Nurses enrolled in a Master's Degree in a nursing, healthcare or business program.

A message from Eileen, Tricia and Jeanne Marie, Elizabeth's daughters:

Thank you for applying to our mom's scholarship. Our mom was a NURSE'S **NURSE!** She worked with and for her fellow nurses and loved her patients and Montefiore Nyack Hospital. Mom graduated from St. Vincent's Nursing School in Manhattan and started her Nursing career there before moving to Rockland to raise her family and start her 34-year career at Montefiore Nyack Hospital. She was first an evening Nurse, then moved to Supervisor, then Director of Nursing and finished as Vice President of Nursing for 17 years before retiring in 1998. We know she would be proud of the recipient of the scholarship named in her honor.

APPLICANT REQUIREMENTS:

- Be employed at Montefiore Nyack Hospital and have completed one year of service and meet all performance standards.
- Have completed a minimum of six credits toward their degree with a 2.5 GPA or above.
- Submit a completed application, including recommendations.
- Remain employed at Montefiore Nyack Hospital for at least one year and remain continuously enrolled in the educational program.

Applications can be obtained through our secured employee section of our website montefiorenyack.org and are also available in the Human Resources Department (Ext. 2155) or the Nursing Office (Ext. 2680).

> RETURN COMPLETED APPLICATIONS TO HUMAN RESOURCES NO LATER THAN MAY 31, 2023.

Elizabeth Brady Lavin Nursing Scholarship Application

ell Phone:	one: Work Phone:	
mail:		
ldress:		
†y:	State:	Zip:
partment/Unit:		
o Title:		
	*Applicant's name should appear only on this page. Do no	t place
	applicant's name anywhere else on application to ensure o	bjectivity
	on the part of the judges. The judges will rate the applican	t on the
	attached criteria. Please print or type all responses.	
	Please complete the attached questions and provide two	
	letters of recommendation: One letter from a manager ar	
	letters of recommendation: One letter from a manager ar	
	letters of recommendation: One letter from a manager ar	

APPLICANT #	

Elizabeth Brady Lavin Nursing Scholarship Application

Date of Hire:	Job Title:	
Name of College/University:		
Degree:		
Number of Credits Completed:	Anticipated Date of Graduation:	
PERFORMANCE APPRAISAL (MOST RECENT)		
To be completed by Human Resources: (Date)	(Score)	
1. What qualities do I possess that would be valua	able as a registered nurse?	
2. In your present role, how do you contribute to c	quality patient care?	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 Pro	

Elizabeth Brady Lavin Nursing Scholarship Application

What are your c	areer goals?	
What advice wo	uld you have to improve the role of nursing at Montefiore Nyack Hospital?	
Vhy do you war	nt to be a nurse? If already a nurse, why are you going to school?	

NAME:	APPLICANT #	
Elizabet	h Brady Lavin Nursing Scholarship Application	
LETTER OF RECOMMENDATION FROM A MANAGER		
	Signature:	

Title: _____

NAME:	APPLICANT #	
Elizabet	h Brady Lavin Nursing Scholarship Application	
LETTER OF RECOMMENDATION FROM A CO-WORKER		
	Signature:	

Title: