



**Application for the Felicia Kulig Fullerton or Sally Johnson Scholarship**

**General Requirements:**

1. Active member of the Alumnae Association (paid up dues for 2 years prior to applying **and** for the duration of the scholarship).
2. Application must be received preferably by May 1<sup>st</sup> or prior to the course of study.
3. Scholarship to be returned if another full tuition grant is awarded.
4. Preference will be given if the degree pursued is in Nursing.
5. A copy of the course registration must be submitted before the check will be released.
6. At the end of the semester, passing grades must be submitted showing the completion of course.

**Name of Applicant** \_\_\_\_\_  
(last) (first) (middle/maiden)

**Present Address** \_\_\_\_\_

**Telephone Number/Email Address** \_\_\_\_\_

**Permanent Address (if different from above)** \_\_\_\_\_

Date of Graduation from MGH or MGISON \_\_\_\_\_ State currently registered \_\_\_\_\_

How long have you been an active member in the Alumnae? \_\_\_\_\_

Have you applied for or received any other scholarship Assistance? \_\_\_\_\_

If so, please give sources, amounts and date received \_\_\_\_\_

College/university you will be attending \_\_\_\_\_

Tuition requirement for course or semester \_\_\_\_\_ credits \_\_\_\_\_

Attending full or part time? \_\_\_\_\_ Total credits earned to date \_\_\_\_\_

Any portion of the course cost reimbursed by your employer? \_\_\_\_\_

When do you anticipate receiving your degree? \_\_\_\_\_

What degree are you working towards in Nursing? \_\_\_\_\_ Another field? \_\_\_\_\_

What are your future plans in Nursing? \_\_\_\_\_

**Education other than MGH/MGISON**

College/University	Address	Dates Attended	Credits/Degrees

**Professional Experience since Graduation from MGH/MGISON:** Include position, full or part time, agency and dates. Attach a separate sheet if needed.

\_\_\_\_\_

\_\_\_\_\_

I have read the statements in this application and declare that to the best of my knowledge, they are correct.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Public Law 9338 makes it necessary to have a signature in order to look at your school records. Signing of this application gives the committee chairperson permission to look at your MGH or MGHIHP or MGISON school records, if necessary.*