

**MADONNA REHABILITATION HOSPITAL SCHOLARSHIP**  
*2024-2025 ACADEMIC YEAR APPLICATION*

Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

Are you a Traditional or Accelerated Nursing student? \_\_\_\_\_

What is your expected graduation date? \_\_\_\_\_

What is your cumulative GPA? \_\_\_\_\_  
*(Please provide a copy of your unofficial transcript)*

**Extra-curricular and volunteer activities:**

Describe activities in school, the community and your work/professional life that have had made an impact and why.

**What led you to a career in nursing?**

**References:**

Please provide one reference – instructor, business or nonfamily personal reference.

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Please send this application via email to: [Madonnanursingscholarships@madonna.org](mailto:Madonnanursingscholarships@madonna.org)