

*St. Joseph's College of Nursing at St. Joseph's Hospital Health Center*

**Alumni Association**

**Diversity Scholarship**

*[The Diversity Scholarship is established from funds received from the late Hugh B. Hoeffler, M.D. who had established the Katherine Roach Hoeffler, Class of 1933 Memorial Award in memory of his wife]*

*Criteria*

**Significance:** Support the need for continued education of registered professional nurses from diverse backgrounds.

**Purpose:** To provide financial support for continued education in nursing (and other specialties as applicable) for a graduate of St. Joseph's College of Nursing from a diverse background; diverse backgrounds include but are not limited to areas of race, ethnicity, gender, culture, age, sexual orientation, gender expression, gender identity, and religion.

**Requirements:**

*Eligibility*

A Graduate of St. Joseph's College of Nursing from a diverse background in the area of race, ethnicity, gender, culture, age, sexual orientation, gender expression, gender identity, or religion, who is a Registered Nurse pursuing an advanced degree such as a baccalaureate degree in nursing, master's degree in nursing, or doctoral degree in nursing or other specialty;

Currently enrolled in an accredited college or university in the US; and

A 'dues paying member' of St. Joseph's College of Nursing's Alumni Association.

[All graduates of St. Joseph's College of Nursing including those that serve on the Alumni Association Board of Directors, are eligible to apply for the Diversity Scholarship for each advanced degree they pursue. Only one scholarship is awarded to a recipient per degree being pursued.]

*Criteria*

Applicants must submit an application *and* essay to request consideration for the Diversity Scholarship to continue their nursing education; and

Submit proof of current matriculation in an accredited college or university in the US.

*Essay*

An applicant is to submit an essay of no less than 500 words typed, and double-spaced on how their diversity in the area of race, ethnicity, gender, culture, age, sexual orientation, gender expression, gender identity, or religion contributes to the delivery of culturally competent/relevant patient care.

*Submission of the Diversity Scholarship Application and Essay*

One Diversity Scholarship of up to \$5,000.00 will be awarded on an annual basis. Completed applications and essays are to be submitted between October 1<sup>st</sup> and October 15<sup>th</sup> each year and must be sent via US mail (with a postmark no later than October 15<sup>th</sup>) to:

Original June 10, 2020

Revised (*for Alumni Association*): September 15, 2020; October 13, 2020; November 19, 2020; November 30, 2020; March 12, 2021

Wafer/word/college of nursing as of July 2017/Alumni Association Board of Directors/Diversity Scholarship Criteria/FINAL VERSION Criteria for Diversity Scholarship as of 03122021

St. Joseph's College of Nursing's Alumni Association  
206 Prospect Ave  
Syracuse, New York 13203  
ATTN: Diversity Scholarship

*Notification of Scholarship Recipient*

Recipients of the Diversity Scholarship will be notified no later than January 15<sup>th</sup> of each year and be recognized annually at the Annual Meeting.

*Other*

Applications submitted incomplete will not be eligible for consideration. Monetary awards granted from the Diversity Scholarship are to be used for ***tuition expenses only***. Awards will be mailed directly to the Office of the Bursar at the college or university the scholarship recipient is attending. The Diversity Scholarship is non-transferable.

Original June 10, 2020

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**Diversity Scholarship Application**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Maiden

\_\_\_\_\_  
Permanent Address: Number and Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Year of Graduation from St. Joseph's College of Nursing

\_\_\_\_\_  
I have paid my dues to St. Joseph's College of Nursing's Alumni Association in the past year

\_\_\_\_\_  
Name of the accredited college or university in the US you are currently attending to continue your education in nursing

\_\_\_\_\_  
Complete address for the *Office of the Bursar* at the college or university that you are currently attending

Type of advanced degree currently pursuing:

- Bachelor's in Nursing
- Master's in Nursing
- Doctoral in Nursing or Other Specialty
- Accelerated Bachelor's and Master's in Nursing

**Proof of matriculation:**

- I have attached a copy of one of the following: my tuition bill, academic schedule, or grades

**Essay:** Please attach an essay of no less than 500 words typed, and double-spaced on how your diversity in the area of race, ethnicity, gender, culture, age, sexual orientation, gender expression, gender identity, or religion contributes to the delivery of culturally competent/relevant patient care.

I have attached my essay along with my completed application

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Completed applications and essays are to be sent via US mail to:

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*Criteria*

*Additional Considerations for St. Joseph's College of Nursing Alumni Association Board of Directors*

The process of the review of applications submitted: In accordance with the standardized process that is followed for review of other applications for scholarships awarded by St. Joseph's College of Nursing's Alumni Association, the review of Diversity Scholarship applications submitted will not be blinded. Every effort will be made to minimize any biases that board members (or other reviewers) may have in the selection of recipients.