

## Penn Nursing – Academic Practice Partner Employee Scholarship Application Form MSN/Post Master’s DNP/DNP Executive Leadership Programs

Print Name (Last) \_\_\_\_\_ Print Name (First) \_\_\_\_\_ Penn ID# \_\_\_\_\_ Application Submission Date \_\_\_\_\_  
 SON email address: \_\_\_\_\_ Phone # : \_\_\_\_\_

NETWORK	SITE ABBREV	SITE NAME
Penn Medicine	UPHS	University of Pennsylvania Health System
	CCH	Chester County Hospital
	CPUP	Clinical Practices of the University of Pennsylvania
	HUP	Hospital of the University of Pennsylvania
	LGH	Lancaster General Hospital
	PAH	Pennsylvania Hospital
	PPMC	Penn Presbyterian Medical Center
	PMC	Princeton Medical Center
	PCAM	Perelman Center for Advanced Medicine
	WISS	Wissahickon Hospice – Penn Hospice at Rittenhouse
Children's Hospital	CHOP	Children's Hospital of Philadelphia
Christiana Care	CCN	Christiana Care Health Network
VA Health Care	VA	Veterans Affairs Health Care Network
Nemours	NCH	Nemours Children’s Health
AtlantiCare	AC	AtlantiCare

Academic Practice Partner Network Site (abbreviation from the list above): \_\_\_\_\_  
 Your specific MSN/DNP Program: \_\_\_\_\_  
 Expected Graduation Date: \_\_\_\_\_

### Eligibility Requirements for Scholarship Program:

- Be enrolled in a full or part time graduate nursing **MSN or DNP** program at Penn Nursing
- **Obtain from a Human Resources representative and submit a dated verification of employment letter on official letterhead confirming current employment, explicitly stating employment status as a full or part time employee** (per diem employment does not qualify) of one of the Penn Nursing Academic Practice Partners listed above. A verification of employment must be submitted once per year. If you cease employment at one of the above Practice Partners, you must notify Penn Nursing Financial Aid immediately. If we learn that you have ended employment and did not inform us, we reserve the right to remove the financial aid award.
- Obtain supporting signature from Penn Nursing MSN or DNP Program Director or Advisor.
- Maintain good academic standing (GPA of 3.0 or higher, to be verified prior to award).
- Remain in compliance with all Penn Nursing and University of Pennsylvania student policies: <https://www.nursing.upenn.edu/student-services/resources/handbooks-forms-policies/msndnp-handbook/>.
- **Award amount is equal to 25% of Penn Nursing graduate tuition charges per term (fees are not included in award amount).**
- Only graduate/professional level Penn Nursing courses required for an MSN or DNP degree or a Nursing minor are eligible to be covered by the scholarship.

### Please read statements below:

- I understand that if I am an enrolled Nursing student, I may receive either a Penn Nursing Grant, this Scholarship, or another Penn Nursing managed Endowed Scholarship award, but that students are eligible to receive only one source of funding from Penn Nursing.
- **I understand that this scholarship award covers 25% of tuition charges per term but does not include any associated fees.**
- I have been counseled by my Program Director and/or Advisor and the Office of Academic Affairs regarding my plan of study.
- I understand that I am responsible for any late fees that I accrue due to a late payment on my account.
- I understand that this scholarship program is subject to change.

- **I have read and understand the statements above (student initials):** \_\_\_\_\_
- **Documentation/ application materials should be submitted to** [financialaid@nursing.upenn.edu](mailto:financialaid@nursing.upenn.edu).

**Student Signature:** \_\_\_\_\_

**Program Director or Advisor Name:** \_\_\_\_\_

**Program Director/Advisor Signature:** \_\_\_\_\_