



Elisabeth M. Berry

SCHOLARSHIP

The Elisabeth M. Berry, M.D., Health Careers Scholarship was created by the Cottage Hospital Board of Trustees in memory of Dr. Berry and her many years of service to Cottage Hospital. Providing our community with skilled, qualified hospital employees is a primary concern for us all and another step in assuring the continued good health of the people in our community.

Purpose

The purpose of the scholarship is to provide funding to anyone from the surrounding communities, wishing to commit themselves to a career in nursing.

Steering Committee

The Hospital Administration will review applications and applicants who best meet the scholarship criteria will be awarded.

Process

The applicant will submit an application, a written narrative expressing their reasons for seeking or advancing their career in nursing and explaining the need for financial assistance, and three letters of reference from non-relatives.

If the applicant is a current student, a letter of support from the applicant's guidance counselor, teacher and an adult (other than a parent) is required. Applicants are also asked to provide a financial disclosure stating any financial assistance and/or scholarships they may already be in receipt of. **The application deadline is May 1st of each year.**

Criteria

Applicant must be a current resident of the Cottage Hospital service area who shows proof of acceptance with an accredited institution of higher learning in the nursing field. Applicant must demonstrate commitment to the health or social welfare of our community, be of average scholastic ability, and demonstrate financial need. **** Current Cottage Hospital employees are not eligible for this scholarship; please see HR for current listing of funding opportunities.**

For further information contact

Maryanne Aldrich • Community Relations Director

Cottage Hospital • Post Office Box 2001 • 90 Swiftwater Road • Woodsville, NH 03785

Phone: 603-747-9707 • maldrich@cottagehospital.org



Elisabeth M. Berry SCHOLARSHIP

ELISABETH M. BERRY, M.D. SCHOLARSHIP APPLICATION

Application Deadline: May 1st

Please note, previous recipients of this scholarship must reapply each year

Date of Application: _____ Are you a returning applicant? YES ____ NO ____

APPLICANT INFORMATION

Name of Applicant: _____

Address: _____

Phone: _____ Email Address: _____

HIGHER LEARNING INFORMATION

Have you applied to and been accepted by an accredited school? Yes ____ No ____

Full time ____ Part time ____ Estimated Year of Graduation: ____ Previous Semester GPA: ____

Type of Program: _____

Name & Location of School: _____

Annual Tuition: _____ Scholarship Amount Requested: _____

INFORMATION TO BE SUBMITTED WITH APPLICATION:

- **Essay:** A narrative outlining your aspiration to continue your education in the field of nursing.
- **Financial Disclosure:** Explain your financial need for your educational goals. Include other grants, scholarships, loans received or applied for.
- **References:** List three (3) individuals as references (non-relatives). Written references should be submitted with this application or sent directly to the Cottage Hospital Community Relations Office.
- **Academic Standing:** Please include transcript for courses taken in the past twelve (12) months.

SIGNATURE(S)

Signature of Applicant

Signature of Applicant's Parent

Office of Community Relations
603.747.9707

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