

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	Choose from below	University of Pennsylvania Health System - UPHS
	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
	PM@H	Penn Medicine At Home
	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	Nemour's 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 does not qualify) of one of the Penn Nursing Academic Practice Partners listed above prior to the start of each semester of enrollment during the calendar year. VOE letter should be from within 60 days of application submission.**
- 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 my employment with my Academic Practice Partner ends during the calendar year for which I applied I am required to report this to the School of Nursing Financial Aid Office.**
- I understand that if I am an enrolled Nursing student, I may receive either this Scholarship award, a merit-based Penn Nursing Grant, or another merit-based Penn Nursing Endowed Scholarship award, but that students are eligible to receive only one of those sources of funding from Penn Nursing.**
- I understand that this scholarship award covers a percentage of the cost of tuition per CU per term but will not be applied to any associated fees.
- I have been counseled by my Program Director and/or Advisor and the office of Student Services 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.

Student Signature: _____

Program Director or Advisor Name: _____

Program Director/Advisor Signature: _____