

**Penn Nursing Nutrition Science – Academic Practice Partner Employee
Scholarship Application Form
MSNS Program**

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 Nutrition Program (MS, Certificate or Minor): _____

Expected Graduation Date: _____

Eligibility Requirements for Scholarship Program:

- Be enrolled full or part time in the graduate Nutrition Science (MSNS) 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 Nutrition Science 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 **15%** of Penn Nursing Nutrition Science tuition charges per term (fees are not included in award amount).
- Only graduate/professional level Penn Nursing courses required for an MSNS degree or 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: _____