



Connelly-Delouvrier International Scholars Program for Nursing Students

Application for Funding

VILLANOVA
UNIVERSITY

M. Louise Fitzpatrick
College of Nursing

Instructions: *Students may only receive a Connelly-Delouvrier Scholarship once.* Please complete this application and submit via the web page by the date and time communicated. Any questions, contact Dr. Catherine Curley (catherine.curley@villanova.edu).

Please print neatly or type directly into the form. Adobe Acrobat required.

STUDENT ID NUMBER:

GENDER:

LAST NAME:

DATE OF BIRTH (MM/DD/YYYY):

FIRST NAME:

MI:

MAIDEN NAME:

EMAIL ADDRESS:

PERMANENT ADDRESS	PRESENT ADDRESS
NUMBER, STREET, PO BOX OR APT. NUMBER IF NEEDED	NUMBER, STREET, PO BOX OR APT. NUMBER IF NEEDED
CITY	CITY
STATE	STATE
ZIP	ZIP
COUNTRY	
E-MAIL	
TELEPHONE NUMBER	
FAX	

(CLICK TO CHECKMARK OR CIRCLE ONE)

UNDERGRADUATE STUDENT: **FRESHMAN** **SOPHOMORE** **JUNIOR** **SENIOR** **BSN EXPRESS**

GRADUATE STUDENT

EXPECTED DATE OF GRADUATION (MM/YYYY): _____

GPA (CUMULATIVE): _____

COURSE NAME AND NUMBER: _____

SITE for Travel _____

ESSAY: CONCISELY STATE YOUR REASONS FOR REQUESTING CONNELLY-DELOUVRIER FOUNDATION FUNDING. INCLUDE PERSONAL AND PROFESSIONAL GOALS AS THEY RELATE TO THIS COURSE/EXPERIENCE, LIFE EXPERIENCES THAT HAVE INFLUENCED YOUR DECISION TO APPLY FOR THIS COURSE/EXPERIENCE AND UNIQUE QUALIFICATIONS WHICH YOU BRING TO THIS COURSE/EXPERIENCE.

(THIS SHOULD BE A ONE TO TWO PAGE TYPED ESSAY WHICH IS ATTACHED TO THE APPLICATION).

STUDENT'S SIGNATURE _____ DATE _____