

**CDH/UMASS Amherst Nursing Education Scholarship  
2025 Information and Application Form**

**Maximum Award: \$10,000**

Cooley Dickinson Hospital has established an educational scholarship program with the University of Massachusetts Amherst, School of Nursing. This continuing education scholarship is to support the educational advancement of Cooley Dickinson Hospital eligible nurses pursuing either a bachelor's degree master's degree, or doctorate in Nursing at the University of Massachusetts Amherst.

Successful applicants will describe how their nursing practice will change as a result of the pursuant degree. Additionally, the applicant will describe contributions to nursing, which include work, community and professional activities.

All scholarships are tentative and subject to change based on funding availability.

**Section I - Eligibility Criteria for Scholarship**

- a. Complete and submit an application to Cooley Dickinson Development by April 4, 2025.
- b. Current enrollment in *or* acceptance to the University of Massachusetts Amherst School of Nursing for the following programs: Undergraduate (RN-BS or Second bachelor's in nursing), Graduate (master's in nursing, or DNP)
- c. Hold a CDH position with permanent, regular schedule of at least twenty (20) hours a week
- d. Have been employed by CDH continuously for at least one (1) year
- e. Are employees in good standing
- f. The employee will remain with Cooley Dickinson Healthcare for twenty-four months after the completion of the program, unless otherwise determined by the employer.

**Section II - Required Documents (submit to [development@cooleydickinson.org](mailto:development@cooleydickinson.org) as one email/package)**

- a. Completed application for CDH/UMASS Amherst Nursing Education Scholarship form.
- b. Copy of official notification of acceptance or enrollment into the eligible nursing programs.
- c. Submit two letters of reference which describe the applicant's ability to:
  - Provide exceptional care for patients and families;
  - Evidence of confidence and competence in practice,
  - Ability to work collaboratively with peers and staff;
  - Evidence of leadership
- d. Completed narrative describing how you see your nursing practice changing as a result of your educational advancement as well as contributions to nursing, including work, community and professional activities. Narratives should not include personal information, including your name, or other identifying information due to the blind review process.

**Section III - Restrictions**

- a. There is a maximum of \$10,000 Continuing Education Scholarship Sponsored by CDH/UMASS per individual.
- b. The applicant will be awarded \$5,000 for each academic year for the maximum total of \$10,000.

**Review Process**

Applications dated by Friday, April 4, 2025 are reviewed to verify eligibility (see eligibility criteria). Applications that are deemed eligible are forwarded to a selection committee of Nursing Leadership. The selection committee uses a blind review process in which the committee members only review the narrative/exemplar portions of each application. The narratives/exemplars are reviewed based on the following criteria:

- Comprehensiveness of response
- Dedication to patient care outcomes
- Modeling of professional commitment
- Ability to clearly communicate in writing

The selection committee is NOT provided any information regarding the identity of the applicants. All personal information submitted with the applications (contact information, employment work unit and school information, transcripts) remain confidential and are only used by CDH staff for identification and communication purposes and to determine eligibility.

**Notification**

All applicants will be notified regarding the decision of the selection committee at the end of May 2025.

**Questions**

If you have questions regarding the CDH/UMASS Amherst Nurse Education Scholarships, contact the Cooley Dickinson Hospital Development Office at [development@cooleydickinson.org](mailto:development@cooleydickinson.org).

# Cooley Dickinson Hospital Nursing Scholarships Application Form

I am eligible to apply for *The CDH/UMASS Amherst School of Nursing Education Scholarship*.

Today's Date: \_\_\_\_\_

|   |          |
|---|----------|
| Name:   |          |
| Address (Street, City/Town, State, Zip Code): |          |
| E-mail:                                       | Phone #: |

## Education

|   |   |                   |
|---|---|-------------------|
| Education ( <i>check all that apply</i> )   |   |                   |
| <input type="checkbox"/> RN-BS              | <input type="checkbox"/> Second Bachelor's Degree |                   |
| <input type="checkbox"/> Masters in Nursing | <input type="checkbox"/> DNP                      |                   |
| Class of: _____                             |   |                   |
| GPA: _____ (if applicable)                  | Enrollment Status:                                | # Course Credits: |

## Biographical Information

If more space is needed, please attach additional sheets

Current Employment including department and status (*mandatory*):

Nursing Experience:

Honors and/or Awards:

Outside Activities and Interests:

**References:** Please include 2 letters of reference.

**Required Essay:** Please use separate pages for the essay portion of this application. In 250 – 500 words (double spaced, type written pages). Do not include your name or identifying information in the essay.

- Describe how you see your nursing practice changing as a result of your educational advancement as well as contributions to nursing, including work, community and professional activities.
- Describe how you have consistently demonstrated leadership qualities in the clinical settings with your collegial peer group
- Describe how you have demonstrated a holistic approach of caring in a healthcare setting.

Your completed application and essay must be received by Friday, April 5, 2025, at midnight. Please send via e-mail to [development@cooleydickinson.org](mailto:development@cooleydickinson.org) or mail to: Cooley Dickinson Hospital Development Office, P.O. Box 329, Northampton, MA 01061-0329.