

THE KAREN MAHONEY SCHOLARSHIP FUND

This Scholarship was established in September of 2016, to honor Karen Mahoney, a long time Auxilian, who had a deep love of education and the Medical Center.

CRITERIA

Purpose:

The scholarship will provide \$1,000 annually to one student who is currently a Certified Nurse Aide/Assistant at The University of Vermont Health Network – Alice Hyde Medical Center.

Guidelines:

The recipient of this scholarship must;

- a) have worked for one year or longer at The Uvm Health Network – Alice Hyde Medical Center
- b) be enrolled in an accredited RN or LPN program
- c) be recommended by his or her supervisor
- d) provide a copy of latest college transcript
- e) **ALL FUNDS MUST BE USED FOR EDUCATIONAL EXPENSES ONLY (TUITION AND/OR BOOKS).**

Selection:

The scholarship committee of The University of Vermont Health Network – Alice Hyde Medical Center shall select the scholarship based on quality of the application and need.

Funding:

Donations made in Karen Mahoney's name shall be held as a separate line item within the Auxiliary's financial accounting practices. When funds are exhausted the Mahoney Family will provide funding for the following year's award.

KAREN MAHONEY SCHOLARSHIP APPLICATION

Before completing the following application, please make sure you meet the following requirements. The recipient of this scholarship must;

- a) have worked for one year or longer at The UVM Health Network – Alice Hyde Medical Center
- b) be enrolled in an accredited RN or LPN program
- c) be recommended by his or her supervisor

Applicant Name: _____

Address: _____

Home Phone _____ Cell Phone _____ Email _____

Current Work Title: _____ Current Department: _____

Years in this department: _____ (Required to have worked for a minimum of one year)

Other experiences at The UVM Health Network - Alice Hyde Medical Center:

CONTINUING EDUCATION:

Major Field of Study: _____ College/Facility: _____

Program Acceptance Date: _____ Program Start Date: _____

Approximate Cost per Semester: _____

Are you receiving other financial assistance: _____ Yes _____ No

How much do you expect to pay for each semester on your own? _____

Please return this application **with a letter of recommendation from your Supervisor** by May 1 to the Gift Shop or by mail to, The UVM Health Network - Alice Hyde Medical Center Auxiliary, 133 Park Street, Malone, NY 12953