

## **2025 DR. PATRICIA MURPHY SCHOLARSHIP APPLICATION**

**Please read carefully. Failure to follow all instructions may result in disqualification.**

### **1. General Instructions**

- a) Do not staple the application or attachments.
- b) Applications must be typed or reproduced by computer.  
Handwritten applications will not be accepted.
- c) All sections on the application must be fully completed.  
Only completed applications will be considered.
- d) An applicant may provide supplemental information limited to 2 pages.
- e) Applications will be kept confidential.
- f) Please enclose a recent photograph of yourself.

## 2025 DR. PATRICIA MURPHY SCHOLARSHIP APPLICATION

Application must be completed in full and saved as a pdf file.

No handwritten applications will be accepted.

**DO NOT STAPLE ANY PAGES**

### SECTION 1: APPLICANT INFORMATION & SCHOLARSHIP SELECTION

Please check which scholarship you are applying for:

Degree

Certification

Attendance at National Conference

Name <u>with</u> credentials:			
Mailing Address:			
City/State/Zip:			
Permanent Address (Home):			
City/State/Zip:			
County:			
*Race:	Ethnicity:	*Gender Identity:	
Prefer not to answer: <input type="checkbox"/>	Prefer not to answer: <input type="checkbox"/>	Prefer not to answer: <input type="checkbox"/>	
Number of Dependents (including yourself):	Please provide your student ID number:		
If you are a registered nurse, please provide your NJSNA		Member Number:	Region #:

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### **SECTION 2: DEGREE PROGRAM AND RECOMMENDATION IF APPLICABLE**

School of Nursing:								
Type of Program:	Diploma	Associate	Baccalaureate			Masters	Doctorate	
Years in School:		Length of Program	2	2½	3	4	5 (years )	
Is this a second-degree program?		Yes		No				
Type of school:	State	Private	Attending:	Full Time		Part Time		

Dean/Professor/Faculty:	
Title & Credentials:	
Mailing Address:	
City/State/Zip:	
Phone Number:	

#### **Send:**

- An unofficial copy of your previous semester's college transcript or if a recent high school graduate, have you included your unofficial high school transcript?
- A letter from the Dean or a Professor/Faculty Member. The letter of recommendation must be included with this application and should address the ability of the applicant to succeed in the program, leadership potential of the applicant, and verification of GPA and the cost of the program.

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### **Section 3: Certification or Seminar**

Type of Certification or title of Seminar:		
Association or Organization granting certification or hosting seminar:		
Date of Certification Exam or Seminar:		

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### SECTION 4: MISCELLANEOUS

#### A. Work Experience (if applicable):

<b>Current Employer:</b>	
<b>Type of Work:</b>	
<b>Length of Employment:</b>	

<b>Past Employer (if applicable):</b>	
<b>Type of Work:</b>	
<b>Length of Employment:</b>	
<b>Reason for Leaving:</b>	

<b>Past Employer (if applicable):</b>	
<b>Type of Work:</b>	
<b>Length of Employment:</b>	
<b>Reason for Leaving:</b>	

<b>Past Employer (if applicable):</b>	
<b>Type of Work:</b>	
<b>Length of Employment:</b>	
<b>Reason for Leaving:</b>	

<b>Past Employer (if applicable):</b>	
<b>Type of Work:</b>	
<b>Length of Employment:</b>	
<b>Reason for Leaving:</b>	

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### **B. Additional Information**

#### **Activities:**


#### **Memberships/Student Professional Organizations:**


#### **Committees/Officers:**


#### **Awards (Please identify the amount of any scholarship awards):**

	\$
	\$
	\$
	\$

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### **SECTION 5 - ESSAY:**

Please explain why you merit consideration for this scholarship award. Be specific regarding leadership potential, goals as they relate to the profession and the professional associations, including, if applicable, the American Nurses Association, New Jersey State Nurses Association, or Palliative Care Associations your impact on nursing and your financial needs.

### **SECTION 6 – APPLICANT’S CERTIFICATIONS:**

I believe I am eligible for and hereby make application to receive the Dr. Patricia Muphy Scholarship. I certify that all statements made in my application are complete and accurate. I understand the Dr. Patricia Murphy Scholarship selection committee will select scholarship winners and its decision will be final.

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Signature

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Date

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Email Address:

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Contact Phone #

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**ESSAY:** Name of applicant with credentials: \_\_\_\_\_