 **School of Nursing, Burk Hall room 371
 1600 Holloway Avenue
 San Francisco, CA 94132-4161
 Office: (415) 338-1802
 Fax: (415) 338-0555**

**Christy Kearney Scholarship in Nursing and Holistic Health**

**School of Nursing**

***Application Deadline: March 15 annually***

This scholarship was created to both honor and recognize Christy Kearney’s many years as a devoted teacher of Nursing at SF State, her commitment to her students, her extraordinarily compassionate care of the many patients she saw over a lifetime of work as a nurse, and her constant devotion to her family.

It is the intention of Christy Kearney’s family that funds be awarded to a) students engaged in nursing community service, particularly with the underserved and b) have a commitment to holistic health that can best be demonstrated through coursework and/or nursing practice.

*The Christy Kearney Scholarship is offered annually. Normally, one $500.00**award will be made, although two awards may be made if two highly and equally qualified applicants exist Awards are available to qualified San Francisco State University nursing (undergraduate or graduate) students.*

*To be eligible a student submit a written statement that focuses on a) a detailed description of community service particularly with the underserved, b) commitment to integrating holistic health into nursing practice along with experience and relevant coursework to demonstrate this commitment, c) type and setting of nursing expected to be practiced, d) nursing philosophy, and e) financial need.*

*Scholarships awards will be confirmed with recipients in May each year. The Christy Kearney Scholarship awardee will be recognized publically each spring at the annual Nursing Pinning and Graduation Ceremony.*

*Please deliver completed applications to Mary Ann van Dam, Nursing, Burk Hall Room 371 and mark “Confidential – Kearney Scholarship Application.”*

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***Submit this application along with a statement that focuses on the five factors mentioned above. (maximum two pages)***

I certify that the statements herein are true and complete to the best of my knowledge.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_