



**ALUMNI ASSOCIATION OF THE BETHESDA SCHOOL OF NURSING
LAMBERT-PAUTZ SCHOLARSHIP APPLICATION**

The purpose of the **Lambert-Pautz Scholarship** is to provide assistance to the members who are pursuing a BSN or higher degree with a nursing major. Because of the current economic climate, we are anticipating increased demand for fewer resources. Accordingly, we will need additional information to make the best decisions that we can for equitable distribution of the scholarship funds. We will need to consider the applicant's participation in the alumni association and any previous scholarship awards that have been received and, when appropriate, academic performance.

To qualify, the member must have an active membership, be enrolled in an accredited nursing program, and complete this application form.

Name _____ Year of Graduation _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ E-mail _____

Social Security Number _____ TriHealth employee ID _____
(if applicable)

Current Membership Status _____

Participation in alumni association (last 10 years): _____

Previous alumni association scholarship awards: Year _____ Amount _____

College Attending _____

Address _____

City _____ State _____ Zip _____

Registrar Contact _____ Telephone Number _____

Please enclose a transcript and a catalog from the college with relevant information marked and send with the application to:

Alumni Association
c/o Bethesda Foundation
10500 Montgomery Road
Cincinnati, OH 45242

DEADLINE FOR APPLICATIONS IS FRIDAY, MAY 13, 2011