Berkshire Medical Center

725 North Street
Pittsfield, MA 01201
(413) 447-2000

BERKSHIRE MEDICAL CENTER NURSING SCHOLARSHIP

PURPOSE:

The Berkshire Medical Center Nursing Scholarship is funded from grants made to the former St. Luke's School of Nursing and the Henry W. Bishop III Memorial School of Nursing. The scholarship's primary purpose is to provide financial assistance to students enrolled in Associates Degree in Nursing, Bachelor of Science in Nursing, or Master of Science in Nursing programs.

AWARDS:

Awards will be made annually, ranging in size from $200 to $1,000 depending on individual need. Awards will be announced in the spring of each year and will be payable to the institution which the recipient is attending.

ELIGIBILITY:

Any resident of Berkshire County regardless of sex, race, color, religion, national origin, or ancestry who intends to pursue an Associates Degree in Nursing, Bachelor of Science in Nursing, or Master of Science in Nursing degree and has been accepted for admission to a program of study at a college, university, or other institution granting these degrees is eligible.

The Scholarship Review Committee will give highest priority to the following criteria when selecting scholarship recipients:

- Financial need…**Please include academic institution financial aid packet**
- Superior academic performance
- Commitment to chosen field
- Potential for success in field

Preference will be given to those who have not received a Berkshire Medical Center Nursing Scholarship in the past, although past recipients may apply.

APPLYING:

Persons applying for the Scholarship should submit an application and all supporting information by **May 1, 2026**, to:

Elizabeth A. Kirby, RN, M.Ed.
Director of Education Services
Berkshire Health Systems
725 North Street
Pittsfield, MA 01201

APPLICATION FOR BERKSHIRE MEDICAL CENTER NURSING SCHOLARSHIP

1. Full Name: _____
2. Permanent Home Address: _____
3. Home Telephone: _____
4. School you are now attending: _____

   College or University to which you have been accepted and plan to attend.
5. Name of School and Address (Please provide proof of acceptance.)

   _____
6. Field of Pursuit _____
7. Previous college attended:

Name of School	*Location*	*Date or Attendance*

8. List school activities in which you participated. Include any distinctions or honors.

   _____
9. Experiences: working, volunteer activities, hobbies

   _____

(Continued)

APPLICANT

Present Occupation: _____

Place of employment: _____

Income before taxes: _____

Other income: _____

IF MARRIED

Spouse name _____

Occupation _____

Place of employment _____

Income before taxes _____

Other income _____

Father's name _____

Address _____

Occupation _____

Place of employment _____

Income before taxes _____

Other income _____

Mother's name _____

Address _____

Occupation _____

Place of employment _____

Income before taxes _____

Other income _____

Number of dependent children _____ Ages _____

Number attending college _____

Yearly expenses to family _____

Father's signature: _____ Mother's signature: _____

Financial assistance available for college

Anticipated college **income** for this next year:

From parents: _____

From scholarships _____

From savings: _____

From work: _____

From other sources: _____

TOTAL _____

Anticipated college **expenses** for this year:

Tuition: _____

Room & Board: _____

Books & Fees: _____

TOTAL _____

The information provided on this application is true and accurate to the best of my knowledge.

STUDENT SIGNATURE & DATE SIGNED _____

THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION:

1. Transcript of grades from high school and colleges.
2. Proof of acceptance in the program you plan to attend.
3. Statement of 100 to 200 words on your need for this scholarship; include any unusual circumstances.
4. Two current letters of support from your teachers or other persons who can speak to your ability and need.
5. Academic institution financial aid information if applicable and copy of FAFSA form.

RECCOMENDATION

APPLICANTS NAME _____

You have been asked to provide information concerning the above applicant for the Berkshire Medical Center Nursing Scholarship. Your response will be held in strict confidence. Please return it directly to:

Elizabeth A. Kirby, RN, M.Ed.
Director of Education Services
Berkshire Health Systems
725 North Street
Pittsfield, MA 01201

1. In what capacity have you known the applicant?
2. How long have you known the applicant?
3. How well have you known the applicant? _____ Very Well _____ Faily Well _____ Limited
4. Please rate the applicant from one to four on the following items:

Circle the appropriate number for each. ***(1 is high, 4 is low)***

a.	Based on the applicant's ability and capabilities, he/she has made a wise and realistic choice for a profession in the health field.	1	2	3	4
b.	Applicant exhibits a strong commitment to his/her studies.	1	2	3	4
c.	Contribution to school activities.	1	2	3	4
d.	Achievement records reflect his/her ability.	1	2	3	4
e.	Emotionally capable of coping with post-secondary academic requirements.	1	2	3	4
f.	Applicant's attitude will be an asset to his/her educational and career plans.	1	2	3	4
g.	Your personal expectation of applicant's academic success.	1	2	3	4

5. Unusual circumstances or factors which you feel warrant special attention:

_____ _____ _____

Evaluator Signature Title Date