

April 2025

Website:

www.redeemerhealth.org/scholarship

Below is information for the Redeemer Health Scholarships available to full-time and part-time Redeemer Health employees, and to volunteers who have contributed 75 hours in the last 12 months preceding the date of this application.

Employee Scholarships are for the pursuit of studies in the field of nursing and include the:

- Margaret Helen Dudley Scholarship
- John and Helen Gallagher Scholarship
- Catherine A. and Edward A. Watson Scholarship

Our Volunteer Scholarships, also known as the Marion Borss Scholarships, are exclusively for volunteers pursuing further education for any health-related or applied science degree/certification.

Please visit www.redeemerhealth.org/scholarships and carefully review the application and the required documentation to apply for a scholarship.

Please use the following four-page application for all scholarships; you can submit one application for all available scholarships. If awarded a scholarship, you can receive only one scholarship per year. **Read all application instructions carefully.** If we are unable to review your application because it is unclear, incomplete, or inaccurate, it will be returned without consideration. Any delay may jeopardize the timely review necessary for selection.

If additional space is needed, attach extra sheets to your application. At the top of the added sheets, put the category of the application item for which you are supplying additional information.

Provide complete and accurate information. The Selection Committee will make its blind assessment solely on the information you provide; it is in your best interest to be thorough and factual, with details.

Please include the following with your completed application:

- Your tax returns for one previous year
- Appropriate scholastic records, including the necessary transcript(s)
- Three (3) letters of recommendation: two (2) from your instructors or school administrators and one (1) from a non-relative with some familiarity with you

These documents must be submitted, along with your completed application, by May 12, 2025.

Keep one copy of your application and supporting documents for your files. Submit the original:

By mail to: Redeemer Health Office of Philanthropy
c/o Redeemer Health Scholarship Program
Attn: Pam Snashall
521 Moredon Road, 2nd Floor
Huntingdon Valley, PA 19006

Or by email: Send your completed digital application, along with scans of all required documentation, to psnashall@redeemerhealth.org. Please remember that the **application deadline is Monday, May 12, 2025**. The scholarships will be awarded by June 20, 2025, for the upcoming fall semester beginning in September 2025.

The following pages are to be completed and returned with accompanying documentation to the Redeemer Health Philanthropy Office, 521 Moredon Road, 2nd Floor, Huntingdon Valley, PA 19006. You may mail, hand-deliver, or email your application package in care of Pam Snashall, psnashall@redeemerhealth.org. Please see the last page of this application for required documentation.

Full Name and Job Title: _____

Home Address: _____ City _____ State ____ Zip _____

Mobile Phone Number _____ Work Phone _____ Email _____

Supervisor Name: _____ Supervisor's mobile phone or ext. _____

I am currently a Holy Redeemer Health System employee (Full-time or part-time)

Education and Training

High School: Number of Years Completed: _____

School Name: _____

Location _____
Address _____ City _____ State _____ Zip _____ Phone _____

High School Diploma or GED (please select one): _____

College: Number of Years Completed: _____

School Name: _____

Location _____
Address _____ City _____ State _____ Zip _____ Phone _____

Major _____ Degrees Earned _____

Other Training or Degrees (if applicable)

School (s): _____ City _____ State _____

Course _____ Degree Earned _____

Technical Certifications _____ Date Earned _____

From which state or commonwealth _____ Expiration Date _____

Technical School _____ City _____ State _____

Current employment license, registration or certification number (s) _____

To be completed and returned with accompanying documentation (see bottom of page 4).

Education Institution to which the grant will be applied:

School Name: _____

Address: _____ City _____ State ____ Zip _____

Phone Number _____ Fax Number _____ Email _____

Course of Study:

Name of the program/major: _____

I am accepted and/or enrolled at the above school for the program/major listed above. (Select Yes or No)

What is the estimated date for completion of course of study? _____

How many credits/courses will be required to complete the course of study? _____

How many credits/courses have you completed toward the course of study? _____

What is the estimated cost to complete the course of study? _____

To be completed and returned with accompanying documentation (see bottom of page 4).

Applicant Narrative:

In making an application for a Redeemer Health Endowment Fund and Scholarship, please answer the following questions. Your answer should be limited to 75 words or less for each question.

QUESTION 1: Tell us about yourself and why you want to return to school at this time.

QUESTION 2: What are your professional goals?

QUESTION 3: How has the mission of the Sisters of the Redeemer affected your employment here?

QUESTION 4: Tell us about any volunteer/community service activity.

QUESTION 5: Please tell us anything else you think will help us to decide in your favor. Your honest description of your true financial need will be helpful, as well as details as to work and home commitments, and any other information relative to your merit or need as a candidate.

Financial Information:

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