

## **Cindi Coughlin Professional Nursing Scholarship**

The Cindi Coughlin Professional Nursing Scholarship was established in 2018 after Coughlin retired as Cheshire Medical Center's chief nursing officer and senior vice president of patient care services.

Coughlin dedicated 40 years to serving our community and was profoundly dedicated to the professional development of nurses and advancement of nursing practice at Cheshire.

This scholarship will be awarded to Cheshire employees who are in pursuit of leadership development programs, certifications or bachelor's, master's or doctoral nursing degrees.

### **The application requires:**

- A completed scholarship application form
- A personal statement of why you are choosing a career in nursing or choosing to advance your nursing education, as well as why you need scholarship assistance
- A copy of your matriculation letter from the school of nursing or a description of the leadership certification or program
- A letter of support from your supervisor or manager

<p>Education, Training &amp; Development Cheshire Medical Center, an affiliate of Dartmouth Health 580 Court Street Keene, New Hampshire 03431</p>
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## **Scholarship Application Checklist**

Please submit the following items to Education, Training & Development:

\_\_\_ A completed scholarship application form

\_\_\_ A personal statement of why you are choosing a career in nursing or choosing to advance your nursing education, as well as why you need scholarship assistance

\_\_\_ A copy of your matriculation letter from the school of nursing or a description of the leadership certification or program

\_\_\_ A letter of support from your supervisor or manager

## Application Form

Employee Name: \_\_\_\_\_

☐ CMC Employee    ☐ DH Employee

Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ / \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

☐ Degree/School: \_\_\_\_\_

☐ Certification: \_\_\_\_\_

☐ Leadership Program: \_\_\_\_\_

**Estimated Expenses (ex: tuition, fees, registration)**

Please describe:

**Annual Total:**

\$ \_\_\_\_\_

**Awarded/Anticipated Scholarships or Grants (if applicable)**

Please describe:

\$ \_\_\_\_\_

**Estimated Tuition Reimbursement/Continuing Education Funds**

Please describe:

\$ \_\_\_\_\_

*Please describe any extraordinary expenses you feel should be  
considered by the committee reviewing this application.*

Date Submitted: \_\_\_\_\_