

Additional Requirements

All applicants (except those applying for certification*) must attach the following to this application:

- Letter of recommendation from your manager or whoever is responsible for performance evaluation, etc. on Kaleida Health letterhead. Letter must include statement that employee is in good standing (no active disciplines on file)
- Letter of recommendation from your school (teacher, counselor, etc.) on school letterhead and must include a statement that student is in good standing
- Proof of enrollment at college/university (**not required of last year's scholarship awardees**)
- Official copy of most recent transcripts (from college/high school) (**Applications with unofficial transcripts will not be processed**) Or Official copy of GED certificate

***Certification applicants must attach the following to this application:**

- Copy of the certification exam brochure or application with cost and date of exam identified
- Copy of re-certification application with cost

Application Declaration

I certify all of the information contained in my application is accurate to the best of my knowledge. I understand the application becomes the property of Kaleida Health. I consent to the release of this application and the accompanying documents to Kaleida Health. I understand that, as part of the application process, Human Resources will be contacted to confirm that I am an active employee in good standing. I understand and acknowledge that scholarships awards are conditioned upon one year post-graduation employment as a Registered Professional Nurse in any open position within Kaleida Health. I understand that I may be held financially responsible to reimburse Kaleida Health if I fail to complete any aspect of the scholarship conditions, including the post-graduation employment commitment.

Signature _____

Date _____

Please submit application by email or post with supporting documentation by **April 29, 2022** to:

**Theresa Richert
Executive Secretary
Nursing Education and Professional Practice
1028 Main Street, Buffalo, NY 14202**

For questions regarding this application, call 716-859-5515 or email trichert@kaleidahealth.org.