

**RHODE ISLAND COLLEGE – DEPARTMENT OF NURSING**

**MARY BRUNELL SCHOLARSHIP**

The Mary Brunell Scholarship Fund has been established within the Rhode Island College Foundation by Mary Brunell, Ed.D., RN. The purpose of the scholarship is to assist nursing students who have demonstrated interest in gerontological nursing.

During her tenure as the Vice President for Patient Services at Roger Williams Medical Center, Mary Brunell enjoyed a strong professional relationship with the Department of Nursing at Rhode Island College and, in recognition of her own commitment to and interest in gerontological nursing, endowed the scholarship to provide financial help to students who shared that interest. **[Click here for application/information.](#)**

**Eligibility Criteria**

1. Completion of junior level nursing courses.
2. GPA > 2.5
3. Complete the application
4. Submit a maximum 500 word essay describing your interest in and activities involving older persons. Include how receiving the scholarships would help you achieve your educational goals.
5. Return the completed application packet to Professor Annette L. Griffin in the School of Nursing deadline May 31st.

\_\_\_\_\_  
Date of Application

MARY BRUNELL SCHOLARSHIP APPLICATION

This form is to be typed or printed and returned to the Awards Committee, Department of Nursing, Rhode Island College, Providence, Rhode Island 02908

NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
No. Street

\_\_\_\_\_  
Town/City

\_\_\_\_\_  
ZIP

TELEPHONE: (Home) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(Cell) \_\_\_\_\_ Mo. Day Year

Level for which Scholarship Requested: Junior \_\_\_\_\_ Senior \_\_\_\_\_ RN \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Attach a maximum of 500 words essay describing your interest in an activities involving older persons. Include information about how receiving the scholarship would help achieve your educational goals.

EDUCATIONAL RECORDS AUTHORIZATION:

I hereby authorize the Awards Committee, Department of Nursing, to receive from appropriate Rhode Island College officials copies of all educational records necessary for the review and consideration of this scholarship application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date