

# William D. Schulz, Esq. Parish Nurse Scholarship Application

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\_\_\_\_\_ I wish to apply for a scholarship to attend the Faith Community Nurse Education Program sponsored by the Catholic Health Faith Community Nurse Program and the Parish Nurse Ministries of New York, Inc. **I agree to function in the role of a Faith Community Nurse upon completion of this educational course.**

\_\_\_\_\_ I have attached a personal statement (two pages, double spaced with 1" margins) regarding my desire to become a Faith Community Nurse.

\_\_\_\_\_ I have attached my CV or resume, which includes community service/volunteer service

\_\_\_\_\_ I have attached one professional letter of reference

\_\_\_\_\_ I have attached a letter of reference from a member of the clergy representing my faith community; along with a commitment letter of support of my ministry.

\_\_\_\_\_ I agree to become an active member of the Parish Nurse Ministries of New York, Inc.

\_\_\_\_\_ I will submit a one-page report to the Executive Committee of the Parish Nurse Ministries of New York, Inc., outlining the Faith Community Nurse Ministry activities that I planned, executed, and participated in during the year following completion of the Faith Community Nurse Education Program (Due 1 year from education completion date).

\_\_\_\_\_ I attest that this application is complete and accurate.

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Signature: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Faith Community Name / Address: \_\_\_\_\_

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**Mail to: Parish Nurse Ministries of New York, Inc. P.O. Box 842, Buffalo, NY 14240-0842**  
**Completed information and application may also be scanned to: [pnmny179@gmail.com](mailto:pnmny179@gmail.com)**

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