

# Mary Cafolla Wallace Nursing Scholarship Program - 2024-25 Application

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*TPI Scholarship Site*

## *Scholarship Description*

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The Mary Cafolla Wallace Nursing Scholarship Program is a scholarship that aims to support adult students residing in Massachusetts, who are pursuing a second career in nursing, to obtain their Associate Degree in Nursing or Bachelor of Science in Nursing.

Mary Cafolla Wallace was the child of Italian immigrants who persevered to become a registered nurse in 1951. She was a strong patient advocate and believed in the healing powers of a good nurse. She had a long and varied career in nursing, caring for patients from the beginning to the end of life. Her friends, family and former patients described her after her death as a nurse's nurse; smart, professional, collaborative and caring, with a wicked sense of humor. She always believed that people could have a second act; reinvent themselves to better their lives with assistance from others. This scholarship honors her by extending help to adult learners who wish to become a nurse.

The ideal candidate will have some experience in the medical field and strong desire to become a nurse. This scholarship program seeks to identify students, where additional financial support will make a difference in their ability to fulfill their goal of obtaining a degree and becoming a nurse. The program is funded by the Timothy and Deborah Moore Charitable Foundation and administered by The Philanthropic Initiative (TPI).

Thank you for your interest in the Mary Cafolla Wallace Nursing Scholarship Program. Please read these instructions carefully before filling out your application. Only complete applications submitted online will be reviewed.

Complete applications are due Monday, May 6, 2024 by 5:00 PM EDT.

## *Requirements*

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### **Qualifications: Applicants must be...**

- A current resident of Massachusetts who is eligible to apply for federal financial aid
- Ages 24-55
- Planning to pursue a second career in nursing and obtain either an Associate Degree in Nursing (ADN) or a Bachelor of Science in Nursing (BSN).
- Applicants must already have an Associate or Bachelor's degree, and now plan to or are currently studying nursing.

- Applicants can be entering or currently enrolled in nursing school.
- Applicants must have an unmet financial need.
- Preference will be given to students with experience in a medical setting.
- Strong academic record in the sciences (GPA of 3.0 or higher in science courses)
- Planning to attend a not-for-profit, accredited nursing school in one the following states: CT, MA, ME, NH, RI, or VT in the fall of 2024.
- Hybrid programs (with a combination of online and in person classes) are eligible, provided all nursing classes are taken in person.

#### Application Materials:

- **Application Submitted Online** (TEAS test scores required for applicants who have taken the TEAS test)
- **Resume**
- **Letter of Recommendation** (from a teacher, work supervisor, community leader, coach, or any other non-family member who knows the student well)
- **Short Answer Questions**
- **High School Transcript** (if relevant for science courses) **and College Transcript**
- **Student Aid Index (SAI)** Found on the first page of the FAFSA Submission Summary.

## Instructions

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#### Completing your application

- Application materials can be found on TPI's website: <https://tpi.org/scholarships-college-success/>
- To preview the application, click on the **Print Questions** button in the upper right-hand corner. You should do this prior to beginning the application to review the questions.
- Click the **Save as Draft** button at the bottom of the page to save your responses. To return to your application on a later date, log in and click on your application under your contact information. It will be marked Draft until you submit it.
- Questions marked with an asterisk (\*) are required. You will not be able to submit your application until all required questions are answered.
- To save a copy of this application, click on **Application Packet** button at the top of the page.
- A recommender must upload a letter of recommendation to the student's online application.

#### Submitting your application:

- All attachments must be submitted in **.pdf, .doc, or .docx** format
- You must submit your application for it to be considered. Once you submit your application, you will receive an email confirming its receipt. If you do not receive this email, then it has not been properly submitted and will not be reviewed. Log back into your account to submit, or email **amoceyunas@tpi.org**.
- To request a recommendation, enter the email address of your reference in the space provided, then click "Compose Email" to send them an email asking them to write you a letter of recommendation. They will receive an email from the system which will include a link for them to upload a letter of recommendation.
- Your recommender will continue to have access to submit their letter even after you click "submit." You do not need to wait for your recommendation to be complete in order to submit your application.

**Important:** Review your application before clicking "submit". Make sure all attachments are uploaded in **.pdf, .doc, or .docx** format, and your answers are complete and clear. Click on the "Application Packet" button to view your application in the form the reviewers will see it.

**Applications that have blank, unreadable attachments, or don't load correctly will not be considered.** Please note that **.jpeg files are not able to be viewed.** It is important that you look over your application to make sure everything has been properly submitted.

If you have any questions or need help uploading documents to your application, please contact Anna Moceyunas [amoceyunas@tpi.org](mailto:amoceyunas@tpi.org).

## Student Information

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### First Name\*

Character Limit: 250

### Last Name\*

Character Limit: 250

### Preferred Name or Nickname

Character Limit: 100

### How did you hear about this scholarship?\*

#### Choices

Friend

Workplace

Mentoring Program

Community-based organization/ nonprofit

College Contact

Family Member

Other

Internet Search

### Gender: How do you identify? \*

#### Choices

Male  
Female  
Nonbinary  
Other  
Prefer not to answer

### Preferred Pronouns\*

#### Choices

He/Him  
She/Her  
They/Them  
Prefer not to answer

### Date of Birth\*

*E.g. 01/01/1995*

*Character Limit: 10*

## Student Demographic Information

Your responses to the demographic questions below are voluntary. The collection of data informs our understanding of the applicant population. However, the requested data is not considered in the scholarship selection process.

### Race\*

*Please check one of the following groups which you consider yourself a member:*

#### Choices

American Indian or Alaska Native  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
White (including Middle Eastern)  
Multi-racial  
Prefer not to answer

### Legal Status\*

#### Choices

U.S. Citizen  
U.S. Permanent Resident  
Temporary Protected Status (TPS)  
Deferred Action for Childhood Arrivals (DACA)  
Prefer not to answer

**Were you born in the U.S.??\*****Choices**

Yes

No

**Country of Origin**

If you were not born in the U.S., where were you born?

*Character Limit: 25***If you were not born in the US, how long have you lived in the US?***Character Limit: 250***Previous Education Information**

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**High School: Name\****Character Limit: 150***High School: Location\***

City, State

*Character Limit: 100***High School: Year of Graduation\****Character Limit: 4***High School GPA- Unweighted**

If school does not provide unweighted GPAs please enter "0." We will consider this a "N/A" response.

*Character Limit: 20***High School GPA- Weighted**

If school does not provide weighted GPAs please enter "0." We will consider this a "N/A" response.

*Character Limit: 20***GPA- Other**If your High School GPA is not calculated on a 4.0 scale, please indicate the scale used (*e.g. 4.5, 5.0, 100, etc.*).*Character Limit: 10***Please provide details about your prior post-secondary education.**

**College: Name\****Character Limit: 250***College: Location\****Character Limit: 250***College: Degree Obtained\****Character Limit: 250***College: Major\****Character Limit: 250***College: Final GPA\****Character Limit: 250***College: Date of Graduation\****Character Limit: 250*

## *Nursing School Choice(s)*

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**Applicants to the Mary Cafolla Wallace Nursing Scholarship must be planning to attend a not-for-profit, accredited nursing school in one of the following states: CT, MA, ME, NH, RI, or VT in the fall of 2024.**

**Are you currently enrolled in Nursing school? \*****Choices**

Yes.

No.

**Please list, in order of preference, the accredited nursing school(s) you hope to attend in the fall of 2024.**

If you are currently enrolled in Nursing school, please list your current school as your "First Choice Nursing School".

**First Choice Nursing School - Name\****Character Limit: 100***First Choice Nursing School - Location\***

City, State

*Character Limit: 100***First Choice Nursing School - Application Status\***

Have you been accepted to your First Choice school?

**Choices**

Yes.

I am still waiting for a decision.

### Second Choice Nursing School - Name

Character Limit: 100

### Second Choice Nursing School - Location

City, State

Character Limit: 100

### Second Choice Nursing School - Application Status

Have you been accepted to your Second Choice school?

#### Choices

Yes.

I am still waiting for a decision.

### What nursing track do you intend to pursue in Fall 2024?\*

#### Choices

Associate Degree in Nursing

Bachelor of Science in Nursing

Accelerated Bachelor of Science in Nursing

### How many terms are required in your nursing program? \*

Semesters \_\_\_\_

Summers \_\_\_\_

### How many terms have you completed so far in your nursing program? \*

Semesters \_\_\_\_

Summers \_\_\_\_

### What is your anticipated graduation date? \*

(MM/YYYY)

### Class Schedule\*

Will any of your classes be online?

#### Choices

Yes

No

### If yes, what classes will be online?

Please list all classes you plan to take online. (e.g. **Biology 101, Fall 2024**).

Character Limit: 250

## Financial Information

We are aware of the delay in receiving the FAFSA Submission Summary. We encourage students to wait to submit their application until they have received their SAI from their FAFSA Submission Summary in order to be eligible for review.

### **Family Adjusted Gross Income (AGI) \***

If you do not have access to this figure in your FAFSA Submission Summary, you can find it on line 11 of your 1040 tax form. If your family uses another version of the 1040 form, you can figure out how to find your AGI here: <https://turbotax.intuit.com/tax-tips/irs-tax-return/howto-find-your-adjusted-gross-income-agi-to-e-file-your-tax-return/L2BNspAbm>.

*Character Limit: 20*

### **Student Aid Index (SAI) \***

Found on the first page of the FAFSA Submission Summary.

*Character Limit: 20*

### **What is the 2024-25 Cost of Attendance at your nursing school? \***

Cost of Attendance (COA) is the average annual cost to attend a particular college or university and it includes tuition and fees, room and board, books supplies, and other expenses.

\_\_\_ Tuition & Fees

\_\_\_ Living Expenses (for 12 months)

\_\_\_ Books & Supplies

\_\_\_ Other (Ex: childcare, parking etc.)

Open comment for other: \_\_\_\_\_

\_\_\_ : Total

*Character Limit: 100*

### **Have you received a financial aid award letter from the nursing school you plan to attend? \***

#### **Choices**

Yes

No

### **Financial aid award letter from the nursing school you plan to attend, if available.**

If you already in school, please upload a copy of last year's financial aid letter. If you have not yet received your financial aid award letter, please send it to [amoceyunas@tpi.org](mailto:amoceyunas@tpi.org) when you receive it to add it to your application.

*File Size Limit: 2 MB*



### Have you applied for or received any other scholarships? \*

If so, please list the scholarship name, amount, and whether it's renewable each year of college. Please only list outside scholarships you have received and not financial aid packages you have received from schools.

*Character Limit: 100*

### Are you eligible and planning to receive any federal or state aid? If so, please list the type and annual amount. \*

*Character Limit: 100*

### Do you have any dependents?\*

#### Choices

Yes

No

### If yes, please list your dependents and your relationship to them.

*Character Limit: 500*

### Extenuating Circumstances (optional)

Please share any extenuating circumstances related to your financial situation, if any.

*Character Limit: 500*

## Resume

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### Resume\*

Please upload a copy of your resume.

*File Size Limit: 3 MB*

## Essays

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Please answer the following questions to help the scholarship review committee get to know you better.

### Short Answer Question #1\*

What would you like the review committee to know about you, your past experiences, and your current circumstances? **(250 words or less)**

*Character Limit: 250*

### Short Answer Question #2\*

Why do you want to become a nurse? **(250 words or less)**

*Character Limit: 250*

### Short Answer Question #3\*

What has your experience been in and/or with the medical field? **(250 words or less)**

*Character Limit: 250*

### Short Answer Question #4\*

What are the attributes of the nursing program you are planning to attend that makes it your top choice? **(250 words or less)**

*Character Limit: 250*

## Attachments

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Please attach the following **required attachments**.

**Transcript:** Transcripts must be received by the application deadline. Online transcripts may be uploaded to your application and must display the following information:

- student name
- school name
- grade received
- the term in which each course was taken

*If your school does not provide transcripts to students, please upload a word document explaining that, and have your school email your transcript to amoceyunas@tpi.org.*

### High School Transcript

Please attach a copy of your high school transcript if relevant for science courses.

*File Size Limit: 2 MB*

### College Transcript\*

Please attach a copy of your college transcript.

*File Size Limit: 2 MB*

### Nursing School Transcript

If you are already in nursing school, please attach your most recent transcript.

*File Size Limit: 2 MB*

### Standardized Test Scores

Please submit your TEAS Scores below. Your TEAS test score is required if you have taken the test. If you haven't take the TEAS test, please provide a reason below.

**If you haven't taken the TEAS test, please provide a reason.**

*Character Limit: 250*

### **TEAS Score - Total (%)**

*Character Limit: 250*

### **TEAS Score - Reading (%)**

*Character Limit: 250*

### **TEAS Score - Math (%)**

*Character Limit: 250*

### **TEAS Score - Science (%)**

*Character Limit: 250*

### **TEAS Score - English and Language Usage (%)**

*Character Limit: 250*

As well, in light of adjustments made by many higher education institutions, applicants for the current scholarship cycle have the **option** of submitting their ACT and/or SAT scores as a supplemental application component. Students who are unable to submit SAT and/or ACT test results, or who choose not to, will not be disadvantaged in our selection process.

### **TEAS Scores**

Please attach a copy of your TEAS score report.

*File Size Limit: 2 MB*

### **SAT Score - Math (Range 200-800)**

*Character Limit: 6*

### **SAT Score - Evidence - Based Reading and Writing (Range 200-800)**

*Character Limit: 6*

### **SAT Score - Total (Range 400-1600)**

*Character Limit: 6*

### **SAT Scores**

Please attach a copy of your SAT score report.

*File Size Limit: 2 MB*

### **ACT Score - Comp**

*Character Limit: 4*

### **ACT Score**

Please attach a copy of your ACT score report.

*File Size Limit: 2 MB*

## Certification

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*All of the information on this form is true and complete to the best of my knowledge.*

### Electronic Signature of Applicant\*

Please type your full name.

*Character Limit: 50*

### Today's Date\*

*Character Limit: 10*

**Once your application is submitted, you may view your application at any time by returning to your online account. However, you will not be able to make any changes.**

## Recommendation

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### Recommender's Email Address\*

Please enter the email address of your recommender below, and click "Compose Email" to send them a personal email asking them to be a reference. *Do not put your own email address here.* Your recommender will receive an automated second email from this system that will include a link for them to click on and answer questions. Below are generic instructions for you to copy and paste into your email if you'd like to use them. If your recommender did not receive an email then first ask them to check their spam folder. If the email isn't there ask him or her to send the recommendation letter to amoceyunas@tpi.org.

*Thank you for taking the time to serve as a reference for me for the Mary Cafolla Wallace Nursing Scholarship. You'll receive another email from administrator@grantinterface.com which will include a link. This link will provide instructions on how to upload your recommendation to my application. The application is due by 5:00 PM EDT on May 6, 2024.*

*Character Limit: 254*

*Please submit a recommendation from a teacher, work supervisor, community leader, or any non-family member who knows you well.*

### Attach Recommendation Letter here\*

Thank you for taking the time to serve as a reference for an applicant to the Mary Cafolla Wallace Nursing Scholarship. Please include your name, position & relationship to student below, write a letter of recommendation, and upload it using the link below. As part of your letter, please answer the following questions:

- Please describe the student's ability and motivation to succeed in nursing school.

- What are your impressions of the applicant as a person? Please describe any special personal strengths or circumstances which we should be aware of.
- Please note the applicant will not be able to read the recommendation.

**\*\*Deadline for feedback is 05/06/2024\***

*File Size Limit: 3 MB*

 **Recommender's Full Name\***

*Character Limit: 250*

 **Recommender's position/title\***

*Character Limit: 250*

 **How long have you known the applicant?\***

*Character Limit: 250*

 **In what capacity do you know the applicant?\***

*Character Limit: 250*

SAMPLE