



# Karrie A. Nason Memorial Scholarship

## Scholarship Application

### MISSION

The Oriol Foundation is organized exclusively for charitable and educational purposes including, but not limited to enriching the lives of those who deliver this care; to promote wellness and stimulate innovations in healthcare so all may live more independently and safely wherever they call home in the Wachusett community.

### BACKGROUND INFORMATION

Name: \_\_\_\_\_  
Last First M.I.

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

College, School or Program Planning to Attend: \_\_\_\_\_

Intended Degree or Certificate: \_\_\_\_\_

Current position and Facility: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

### APPLICANT ESSAY (500 WORDS OR LESS) (Please attach sheet)

Please explain your interest and intentions in advancing your nursing career.

Date: \_\_\_\_\_  
Signature of Applicant

**Bring application along with essay and recommendations to:**  
**The Oriol Foundation Scholarship Committee, 52 Boyden Rd Suite 209,**  
**Holden, MA 01520.**

**Or email to: Scholarship@OriolHealthCare.com**