

# R.N. Loan Scholarship Application

## Instructions

Please complete the application below. The application must be faxed directly to the Human Resources Department in the hospital in which you wish to complete your employment commitment. For further details, please refer to the R.N. Loan Scholarship Brochure or contact the Human Resources Department.

### Arbour Health System

Arbour Hospital  
Human Resources  
Department  
49 Robinwood Avenue  
Boston, MA 02130  
(617) 522-4400  
fax: (617) 390-1579

Arbour-Fuller Hospital  
Human Resources  
Department  
200 May Street  
South Attleboro, MA 02703  
(508) 761-8500  
fax: (508) 838-2256

Arbour-HRI Hospital  
Human Resources  
Department  
227 Babcock Street  
Brookline, MA 02446  
(617) 731-3200  
fax: (617) 390-1579

Lowell Treatment Center  
Human Resources  
Department  
391 Varnum Avenue  
Lowell, MA 01854  
(978) 322-5160  
fax: (781) 829-7158

Pembroke Hospital  
Human Resources  
Department  
199 Oak Street  
Pembroke, MA 02359  
(781) 829-7000  
fax: (781) 829-7158

Westwood Lodge  
Human Resources  
Department  
45 Clapboardtree Street  
Westwood, MA 02090  
(781) 762-7764  
fax: (781) 829-7158

Arbour Health System is the leading private behavioral health system in Massachusetts. Arbour Health System includes Arbour Hospital, Arbour-Fuller Hospital, Arbour-HRI, Pembroke Hospital, Westwood Lodge, Lowell Treatment Center, The Boston Center, Arbour SeniorCare, and outpatient Arbour Counseling Services centers.

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## Employees Information

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Dept: \_\_\_\_\_

Social Security: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Degree Objective:

### Major Field of Study

### School Information

Program Degree/Major: \_\_\_\_\_ R.N. \_\_\_\_\_

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

Begins: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

Expected Completion: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: \_\_\_\_\_

## Course Information

Course Number	Course Title	College Credits	Course Schedule	Tuition

Total Cost: \$ \_\_\_\_\_

Are you receiving other financial support?

If yes, please specify:

Amount: \_\_\_\_\_

Yes       No

(if yes, please attach additional  
detailed documentation)

Source: \_\_\_\_\_

Purpose: \_\_\_\_\_

I am interested in completing my employment commitment at the following Arbour Health System Hospital:

\_\_\_\_\_

**I wish to enroll in the above courses under the RN Scholarship Loan Program and certify that the information above is accurate and true.**

Signature

Date

This application has been reviewed and approved by: \_\_\_\_\_ on \_\_\_\_\_  
(Nurse Executive) (Date)