

## LAUREN MICKOOL AND ROBERT GREENWALD LOVE OF HUMANITY SCHOLARSHIP APPLICATION

| Name:   |
|---|
| Address:  |
| City, State & Zip:  |
| Cell Phone:E-mail:  |
| Department: Extension:  |
| Education Background:   |
| College/University:   |
| Years Attended:From:To:   |
| Other Education: (please explain)   |
| Number of years as RN at NHMC:<br>Name of Supervisor:   |
| Personal Statement: (Maximum 200 words)   |
| <ul> <li>How do you demonstrate love of humanity in your nursing care?</li> <li>How do you advocate for patients and patient families emotionally, spiritually and culturally?</li> </ul> |
|   |
|   |



## **Return this form to:**

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