

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

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**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:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_

**Please provide a personal statement: (Maximum 200 words)**

- How do you demonstrate love of humanity in your nursing care?
- How do you advocate for patients and patient families emotionally, spiritually and culturally?

**Application is due by Friday, April 22, 2022. Please mail or deliver to the address listed below:**

Brian Hammel, President  
Northridge Hospital Foundation  
18300 Roscoe Blvd. Northridge, CA 91328

[Brian.hammel@dignityhealth.org](mailto:Brian.hammel@dignityhealth.org)