



Lauren Mickool and Robert Greenwald Love of Humanity Scholarship 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: _____

Name of Supervisor: _____

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?

Return this form to:

Brian Hammel

President

Northridge Hospital Foundation

18300 Roscoe Bl.

Northridge, CA 91328

Brian.hammel@dignityhealth.org