

# Nurse's Gift

Instructions – Please read carefully.

To the Trustees of The Smith Charities

In compliance with the rules and regulations prescribed by the Trustees of the Smith Charities, said applicant shall be entitled to the benefits provided in the last Will and testament of the late Oliver Smith, Esq. in relation to what is now known as the **Nurse's Program** as authorized by the decree of the Probate Court of the County of Hampshire dated May 24, 1957.

And it is further agreed that if said applicant at any time before graduation and receipt of a diploma leaves said School of Nursing, this agreement shall be terminated by the Trustees of the Smith Charities without further notice.

1. My full name is .....

2. I was born in .....  
Town or City State Full date of Birth

3. My present residential address is .....  
Number & Street Town or City State Zip Code

4. My mailing address (if different) is .....  
Number & Street Town or City State Zip Code

5. Home Number ..... Cell Phone Number .....

6. I have lived in the above Town or City for ..... years.

7. My marital status is .....

8. My parents' names are ..... Phone .....

9. Do you consider yourself to be of moderate financial circumstances? .....

10. State the full name and address of the institution where you will enter training:  
.....  
.....  
.....

11. State the Director of Nursing's name and mailing address if different than above:  
.....  
.....  
.....

12. On what date will or did your training begin? .....

13. Anticipated degree: RN ..... LPN .....

14. Anticipated month and year of graduation: .....

IN TESTIMONY of the truth of the foregoing, I have subscribed my name

Dated ..... Signature .....

**RETURN FORM WITH THE NURSING AGREEMENT TO: Smith Charities, 51 Main Street, Northampton, MA 01060**

Anticipated Grad Date .....

No.....

## Nurse's Gift

Name .....

City/Town .....

Received .....

### **NURSES' PROGRAM QUICK REFERENCE CRITERIA**

- 1) Application must be received after acceptance into a Nursing program or while enrolled as a nursing student.
- 2) Applicant must apply before 21<sup>st</sup> birthday.
- 3) Please fully complete & sign the application.
- 3) The Nursing Agreement form should be filled out and signed on the bottom by Applicant and Parent/Guardian. Both signatures must be witnessed.
- 4) Before turning 21 years old, return the application to Smith Charities, 51 Main Street, Northampton, MA 01060. Feel free to make use of our 24-hour letter slot located on the outside, front door.
- 5) If approved by the Trustees, please always remember to contact us immediately if you change addresses, telephone numbers, and/or schools so our information is accurate and up-to-date.
- 6) Approved participants must graduate with a degree which would enable him/her to become a registered or license practical nurse.
- 7) We will send you a brief questionnaire annually to touch base, so please fill out and return promptly.
- 8) If you have any further questions, please contact us at our office at 413-584-0415 between the hours of 9:00 am and 3:00 pm, Monday through Friday.