

# 2024 Susan McGuire-Pizzo Memorial Scholarship

## About Sue

The Susan McGuire-Pizzo Memorial Scholarship was created by the RI Hospital United Nurses & Allied Professionals to honor the spirit and dedication of our beloved colleague. Sue brought a genuine commitment of caring to each of her roles as a mother, wife, nurse and union leader. She was an independent thinker, fair to all, loyal, and a survivor. Sue's lively personality and passion was obvious to all the lives she touched.



**Susan McGuire-Pizzo**

**Awards** Two \$2,500 scholarships will be awarded - one to a RI Hospital UNAP member and the second to a child (under age 25) of a UNAP member, who aspires to improve their life and the lives of others by pursuing or advancing in a career as a health care professional. The adult recipient, and the parent of the child recipient must be a RI Hospital UNAP member at the time of the award in April. If a UNAP member applies during their probationary period and is awarded the scholarship, payment will be provided after probationary period is completed.

**Criteria** Must be enrolled or accepted in an accredited educational institution to obtain a degree, license or certification required to work **in a health care profession**. Must be enrolled in school at least half-time (6-8 credit hours). Previous winners may not apply.

**Application & Essay** must be received by Friday, April 5, 2024, 3:00pm. Details on the bottom of the application form. Questions? Call UNAP at 401/831-3647, extension 11, or email [Eileen@unap.org](mailto:Eileen@unap.org) (subject: Pizzo Scholarship). She will reply to confirm receipt of your email.

(see 2nd page for details)



## Sue McGuire-Pizzo Application Form

Name \_\_\_\_\_ cell phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

I understand that to qualify for this scholarship I must be accepted and enrolled in an accredited educational institution working towards obtaining a degree, license and/or certification required **to work in as a health care professional**. Should I be awarded the scholarship, I will provide documentation. If I am a child of a UNAP Member, I will provide my license to confirm my date of birth.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Educational Institution (attending or accepted to attend) \_\_\_\_\_

Major or program of study \_\_\_\_\_

Start Date \_\_\_\_\_ Graduation Date \_\_\_\_\_

### RI Hospital UNAP Affiliation

I am a RI Hospital UNAP member

I am the child of a UNAP Member

Date of Birth: \_\_\_\_\_

#### IF CHILD of a UNAP member, please complete:

Parent's Name \_\_\_\_\_

Job Title \_\_\_\_\_ Unit / Department \_\_\_\_\_

Parent's cell phone: ( ) \_\_\_\_\_

### Essay Question

**Child of a UNAP Member:** What are your motivations for pursuing a career in the healthcare field? What area or specialty are you most passionate about? What challenges do you foresee in achieving your goal and how will you overcome them? How does a future working in healthcare meet your personal and professional goals?

**UNAP Member:** What were your motivations for pursuing a career in the healthcare field? Are you working in an area or specialty that you are most passionate about? What challenges do you currently face in your career that you did not anticipate? How will your education help you pursue your future personal and professional goals?

**Essay word count: 300-600.** A coherent, articulate essay is encouraged with appropriate grammar/punctuation.

**DEADLINE** ESSAY & application **MUST be received by Friday, April 5, 2024, 3:00 PM** for all delivery options listed below:

- US Mail. Address envelope to: Susan McGuire-Pizzo Memorial Scholarship, 375 Branch Avenue, Prov, RI 02904
- Hand Delivery to the UNAP Office.
- EMAIL Eileen@unap.org (subject: PIZZO Scholarship) Anticipate a response to confirm emailed received.