

Application of Vermont RN Re-entry Program
Offered in Collaboration with
Charter Oak State College
Connecticut League for Nursing
Office of Nursing Workforce

Name:

Address:

Phone:

Email address:

Educational Background

College/School Major: Year of Graduation:

Year last practiced as a registered nurse:

Nursing Experience

Year: Employer: Type of Nursing Practice:

Please explain the reasons why you would like to be considered for a scholarship:

Date that you wish to enter the program:

Please describe the nursing position that you wish to have after completion of this re-entry program. (Location, setting, hours, etc.)

Return this form to mpalumbo@uvm.edu or mail to
Office of Nursing Workforce
University of Vermont
Rowell 216
Burlington, VT 05405-0068