



**Banner Health®**

### Anthony J. Jannetti/Marriott Scholarship Application

Name			Email address		
Address			Home phone		
City	State	Zip	Cell phone		
Banner Health hire date			Work phone		
Banner Health facility		Position		Manager	
Are you currently applying for or a participant in any other Banner Health Education Assistance programs? If yes, what program?					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Education Completed</b>					
School		Year graduated		Degree	
School		Year graduated		Degree	
<b>Advanced degree nursing program in which you are currently enrolled</b>					
School			City/State		
Current grade point average			Expected graduation date		
Degree pursuing: <input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> PhD <input type="checkbox"/> Other nursing degree (specify) _____					
<i>This program provides a one-time \$1,500 award to eight recipients each year. In 2006, the Marriott Corporation also began to contribute a one-time \$2,500 award for one recipient of the Anthony J. Jannetti/Marriott Scholarship.</i>					
<i>Banner Health will comply with all federal regulations, policies and laws which are currently in effect. All participants are bound by any Federal, State or Local law/regulations as well as the Internal Revenue codes that are currently in effect.</i>					
<b>Please submit the following with your application. Incomplete applications will not be considered.</b>					
<input type="checkbox"/> Please attach a 500-1,000 word essay on the following topic: <i>How will the advanced degree you are pursuing enhance your contribution to patient care and/or the nursing profession?</i>					
<input type="checkbox"/> Proof of enrollment and GPA					
<input type="checkbox"/> Two professional recommendations					
<input type="checkbox"/> Professional resume/curriculum vitae					
<i>I agree that if selected, I give permission for my name and photograph to be used to publicize this scholarship program for promotion, recognition, and recruitment/retention efforts.</i>					
<b>Signature of applicant:</b> _____			<b>Date:</b> _____		
<b>Please submit application form and all required attachments to:</b>					
Banner Health, Jannetti/Marriott Scholarship, Attn: Nicky Treece, 1441 North 12 <sup>th</sup> Street, Phoenix, AZ 85006					
<b>For more information please contact</b> <b>Nicky Treece: (602) 747-6357 or nicky.treece@bannerhealth.com</b>					