

The Advocates Nellie Hurley Scholarship Application

Fall Semester 2025

DEADLINE: Must be received in The Advocates office by NOON Fri. June 27, 2025

All requested information must be provided. Form must be signed or application will not be considered. Please minimize use of abbreviations.

Name			
Address			
City	State	Zip	
Work Phone		Home Phone	
Department Name/extension		E-Mail	
Downtown Campus Community Campus Start Date at Upstate Current Job Title			
Academic Goals			
Major What degree are you pursuing?			
What college/university are you attending?			
When do you expect to complete your course work?			
What are your plans when you complete your degree?			
How many credits earned toward this goal?			
What is your cumulative grade point average? **Attach latest transcript(s) (must show all courses taken)			
Semester Entering			
Education Date of high school graduation:			
Degrees earned since high school/other academic achievements:			

Work Experience	
Briefly describe your	work experience at Upstate University Hospital:
Other work experien	ice:
Financial	
	for FALL semester? \$
what is your fulfion	TOT FALL SETTIESTET! \$
Please detail costs of	required fees
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When is money due	for registration?
Semester begins:	
Name and address o	f bursar:
Ci-nat	Data
Signature	Date

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Return Completed Application To:

Jonathan Adler Advocates Administrative Coordinator The Advocates for Upstate Medical University 750 East Adams St. (Rm 309, CAB) Syracuse, NY 13210 advocates@upstate.edu

12/2024