



Additional scholarship awards are available for current scholarship recipients continuing in their course of study so long as eligibility has been maintained. For both programs – the [Casey Scholars Program](#) and the [Suburban Hospital Scholars Program](#) – the amount of the scholarships awarded will vary depending on the costs associated with the program. All scholarships are awarded based upon actual expenses for books, tuition and fees per academic year and the availability of funds. Scholarships are paid directly to the enrolling institution. Suburban Hospital reserves the right to modify financial support based on actual expenses.

Additional grants will extend the work commitment commensurate with the amount of financial support granted, to a maximum of two years. In the event that a scholarship recipient does not fulfill his or her work commitment, the scholarship must be repaid. Depending on financial situations, scholarship recipients may have income tax liability for all, or part, of their scholarship awards.

Continuing eligibility requirements are outlined below for each program.

THE CASEY SCHOLARS PROGRAM

- Employees and non-employees enrolled in a basic (RN; RN to BSN; accelerated BSN) nursing degree program;
- Employees enrolled in an advanced practice (MSN; Ph.D; DNP) nursing degree or certification program or other graduate study when there is an identified need at Suburban Hospital;
- Have maintained good academic standing and do not have any active disciplinary warnings;
- preference for candidates in their last two years of study.

THE SUBURBAN HOSPITAL SCHOLARSHIP PROGRAM

- Employees enrolled in nursing or allied health degree programs where there is an identified need at Suburban Hospital such as Radiology; Respiratory; Medical Technology; Physical or Occupational Therapy; Physician Assistant; Pharmacy;
- Have maintained good academic standing and do not have any active disciplinary warnings;
- preference for candidates in their last two years of study

APPLYING FOR CONTINUING SUPPORT

To be considered for continuing support under either the Casey Scholarship or Suburban Hospital scholarship program, please provide the following information:

- A continuing award application (one-page); including the statement of tuition, fees and estimated expenses for your program for the next 12-month period.
- An official copy of your current transcript;
- An essay should also be included if your academic program or career goals have changed.

Application deadlines are: February 28, May 31, August 30, and November 30.

Please submit your application and supporting materials to:

Suburban Hospital
8600 Old Georgetown Road
Bethesda, Maryland 20814
ATTN: Scholarship Committee/Community Relations
SHScholarshipCommittee@live.johnshopkins.edu

If you have any questions, please contact Ginaya Crooks or Teresa McCamon in Nursing Education. Thank you.

**APPLICATION FOR CONTINUING SUPPORT
SUBURBAN HOSPITAL SCHOLARSHIP PROGRAMS**

Name: _____

Address: _____

Email: _____

Telephone: Home () _____ Mobile: () _____

Work: () _____

If you are currently employed at Suburban Hospital, please supply the following information:

Department _____ Position _____

Avg hours per week _____

I am currently enrolled in the following program: (If this is a change from the program for which you were previously awarded a scholarship, please provide an explanation of your changing career goals on a separate sheet.)

School Name and Location: _____ Student ID _____

Field of Study: _____ Current GPA: _____

Credits taken: _____ Credits needed to graduate: _____ Expected Completion Date: _____

Contact Name / Office / Address to which your scholarship should be sent: _____

Costs: Please provide an estimate of your program costs for the next 12 months for which you are applying for scholarship support.

Number of semesters/terms/quarters you will be enrolled in the 12-month period: _____

Dates: _____

Tuition	\$ _____
Books	\$ _____
Required fees	\$ _____
TOTAL	\$ _____

Other support: Please indicate if you will be receiving any of the following types of support and the anticipated amount.

Tuition reimbursement	\$ _____
Scholarships / Grants	\$ _____
Loans	\$ _____

The information given above is true and accurate to the best of my knowledge.

Applicant Signature

Date

September 2026