

# Nursing Memorial Scholarship In Memory of Darcy E. Nientimp, BSN, RN

## Award Description

Darcy Nientimp was an exemplary nurse at Saint Anne's Hospital. The Nursing Memorial Scholarship has been established to honor her memory by helping others pursue a nursing career with passion and excellence as she did. Darcy passed away in February 2015 at the age of 26, six months after being diagnosed with non-Hodgkin's lymphoma.

After working first on the telemetry unit, Darcy worked as a nurse with the most critically ill patients in the hospital's intensive care unit. She was an accomplished registered nurse, graduating magna cum laude from the Massachusetts College of Pharmacy and Allied Health School of Nursing, after first earning a bachelor's degree in English from the University of Massachusetts Dartmouth. She will be remembered as a role model for her loving, kind manner and her skill and advocacy in caring for her patients and their family members. She was beloved by an extended family and her coworkers who were inspired by her ever-present smile, her enthusiasm, her faith, and her work.

During her illness, she told her dad, "There is no excuse not to be nice to everybody." Darcy was one of a kind – amazing, sweet, caring, free-spirited, and just beautiful.

## Eligibility Requirements

1. Applicants must be pursuing a bachelor of science in nursing degree from an accredited program.
2. Current full-time or part-time Saint Anne's Hospital employees or employee's family member, preferred. Non-employees will be considered.

## Amount of Award

Scholarships will be awarded based on funds available. Scholarships may be awarded to one or more qualified applicants each year, and the Scholarship Committee will determine the amount of the awards. Awards may be used for tuition, books, fees, or other educational expenses.

## Application Process

Submit:

1. A completed application by **April 1, 2026**.
2. One signed endorsement (see attached form).
3. A letter of acceptance to a bachelor of science nursing program or current nursing transcript.
4. An essay of approximately 150 words about how your attributes are similar to Darcy's.



## Selection Process

Final selection will be made on or before April 30, 2026.

# In Memory of Darcy E. Nientimp, BSN, RN

## Applicant Information

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Nursing School Information

School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

## Saint Anne's Hospital Employment Information (self or family) *(This section applicable to Saint Anne's Hospital applicants only)*

Name: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Unit/Department: \_\_\_\_\_  
Relationship to employee: \_\_\_\_\_

## Application Statement

On a separate sheet of paper, please explain in approximately 150 words how your qualities and values are similar to Darcy's.

## Endorsement

Submit one endorsement (see attached form) with your application.

## Send completed applications to:

Nursing Memorial Scholarship Fund Committee  
Saint Anne's Hospital  
795 Middle Street, Fall River, MA 02721

**Questions?**  
PMcLaughlin4@Brownhealth.org

*Qualified applicants are considered without regard to race, color, sexual orientation, religion, sex, age, national origin, veteran status, or status as a disabled person.*

All information must be submitted by **April 1, 2026** for your application to be considered.

Nursing Memorial Scholarship  
In Memory of Darcy E. Nientimp, BSN, RN

**Endorsement**

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APPLICANT: Submit the signed Endorsement with your completed scholarship application.

**Applicant Information**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Nursing School Information**

School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

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ENDORSER: Please complete, sign and date below.

**To be completed by the endorser:**

I recommend the applicant for the Nursing Memorial Scholarship in Memory of Darcy E. Nientimp, BSN, RN.

Name [print]: \_\_\_\_\_  
Title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_