



LPN Scholarship Application-2019

Application for \$2,000 Auxiliary-Sponsored LPN Scholarships

1. Full Name: _____ SSN: _____
Last First MI

2. Address: _____
Street City ZIP County

3. Home Telephone: _____ Cell Phone: _____

4. Email: _____

5. Spouse or Parent: _____

Their address, if different from yours: _____

6. Are you a Phelps Health employee? Yes No (If yes, the attached director reference form also must be included with the application or forwarded by email to Crystal Lorah, AVS manager, at clorah@phelpshealth.org.)

7. In regard to your school: (*Pre-requisites for program(s) do not meet scholarship requirements.*)

a. Have you been accepted for admission? Yes No (If yes, please attach a copy of acceptance.)

b. Expected graduation date: _____

c. Name and address of school: _____

d. Do you hold a degree or certification at this time? Yes No If yes, please list below:

8. Name and address of closest relative not living in your home: _____

9. NOTE: Two letters of reference (three if you are a Phelps Health employee), a copy of your most recent academic school grades and a copy of your driver's license are required and must accompany this application.

IF AWARDED A SCHOLARSHIP, I AM WILLING TO ABIDE BY THE RULES OF THE FUND AND THE SELECTION COMMITTEE.

Date Signature of Applicant

Selection Committee Application Approved: _____ Date: _____

President, Phelps Health Auxiliary

Director of Auxiliary and Volunteer Services

General Treasurer, Phelps Health Auxiliary

Phelps Health Representative



Auxiliary LPN Nursing Scholarship Applicant Questionnaire

Name of Applicant: _____

Please write a few sentences about yourself.

Why are you motivated to choose nursing as a career?

What has been your favorite subject or aspect of nursing studies?

What are your career plans for the future?

Why should the Phelps Health Auxiliary select you for a nursing scholarship?

Feel free to attach additional comments, if needed.

**Scholarship applications must be received by Phelps Health
Auxiliary and Volunteer Services (or postmarked) on or before October 11, 2019.**



SCHOLARSHIP ELIBILITY REQUIREMENTS

- Applicants must be at least 18 years of age.
- Applicants must be a United States citizen.
- Former scholarship recipients are eligible to reapply.
- Please note scholarship funds are for tuition purposes only, and checks are payable to the school and recipient.
- Applicants are strongly encouraged, but not required, to interview before the scholarship committee. Scheduled interview date: November 15, 2019. (Committee reserves the right to reschedule).
- Applicants **must** be enrolled in an accredited academic program.

PLEASE INCLUDE THE FOLLOWING ALONG WITH APPLICATION

- Two (2) letters of reference (Three (3) letters of reference are required if you are Phelps Health employee as one must be from a Phelps Health director.)
 - References must be written and signed by the author and include his/her contact information. (Emailed references are NOT accepted, with the exception of Phelps Health directors.)
 - References must be provided by a work, school or personal contact. (References from family are not accepted.)
- A recent copy of your academic grades and/or a letter of acceptance into an accredited program (with the application packet or submit one no later than November 15, if you are still waiting on acceptance)
- Copy of your driver's license

RULES

- Applicants must meet eligibility requirements.
- Applicants must provide a completed submission packet by the deadline.
 - Scholarship monies may be used for completion of LPN program only.
- Scholarship applications must be received by Phelps Health Auxiliary and Volunteer Services (or postmarked) on or before **October 11, 2019**.
 - ***No late submissions will be accepted.***
- Applicants must provide accurate information for consideration.
- At the time of interview, applicants must sign an attestation verifying they are not an immediate family member of the scholarship selection panel judges.
- Scholarship recipients must use the money for tuition only, and checks must be endorsed by both the school and the applicant.
- ***This scholarship agreement will void, if for any reason the scholarship applicant cannot apply the awarded amount to tuition within one year of the winner being notified and complete tuition usage within three years.***

Phelps Health Auxiliary and Volunteer Services reserves the right to reallocate scholarships as determined by the Scholarship Committee.

REFERENCE FORM

SCHOLARSHIP APPLICANT:

First Name: _____ Last Name: _____

RECOMMENDATION:

Include examples of qualities the candidate possesses and reasons you feel this person should be considered for an Auxiliary and Volunteer Services Scholarship (e.g., dependable, hard worker, honest, able to work with others, punctual for appointments/assignments, etc.).

REFERENCE INFORMATION:

Your Name (please print): _____ Phone Number: _____

How many years have you known the applicant?

- | | | |
|---|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 1 Year | <input type="checkbox"/> 5 Years |
| <input type="checkbox"/> 6 months to 1 year | <input type="checkbox"/> 3 Years | <input type="checkbox"/> 5-Plus Years |

Relationship to Scholarship Applicant:

(Reference provider must be 18 years or older and a non-family member to qualify as a reference.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Neighbor | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Instructor (music, dance, etc.) | <input type="checkbox"/> Volunteer Director |
| <input type="checkbox"/> Pastor | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Club Leader |
| <input type="checkbox"/> Church Member | <input type="checkbox"/> Co-Worker | <input type="checkbox"/> Medical Professional |
| <input type="checkbox"/> Civic Leader | <input type="checkbox"/> Other _____ | |

I verify the above information is accurate and recommend the named scholarship applicant for the Auxiliary and Volunteer Services 2019 Scholarship program.

Signature: _____ Date: _____

*Reference letters are accepted if the above information is included along with your original signature.
Email references will not be accepted. Thank you!*

REFERENCE FORM

SCHOLARSHIP APPLICANT:

First Name: _____ Last Name: _____

RECOMMENDATION:

Include examples of qualities the candidate possesses and reasons you feel this person should be considered for an Auxiliary and Volunteer Services Scholarship (e.g., dependable, hard worker, honest, able to work with others, punctual for appointments/assignments, etc.).

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Your Name (please print): _____ Phone Number: _____

How many years have you known the applicant?

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| <input type="checkbox"/> Counselor | <input type="checkbox"/> Instructor (music, dance, etc.) | <input type="checkbox"/> Volunteer Director |
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| <input type="checkbox"/> Church Member | <input type="checkbox"/> Co-Worker | <input type="checkbox"/> Medical Professional |
| <input type="checkbox"/> Civic Leader | <input type="checkbox"/> Other _____ | |

I verify the above information is accurate and recommend the named scholarship applicant for the Auxiliary and Volunteer Services 2019 Scholarship program.

Signature: _____ Date: _____

*Reference letters are accepted if the above information is included along with your original signature.
Email references will not be accepted. Thank you!*

PHELPS HEALTH DIRECTOR REFERENCE FORM

SCHOLARSHIP APPLICANT INFORMATION:

First Name: _____ Last Name: _____

RECOMMENDATION:

Include examples of qualities the candidate possesses and reasons you feel this person should be considered for an Auxiliary and Volunteer Services Scholarship (e.g., dependable, hard worker, honest, able to work with others, punctual for appointments/assignments, etc.).

Has the applicant been on a disciplinary action plan in the last 90 days? Yes No

REFERENCE INFORMATION:

Your Name (please print): _____ Phone Number: _____

How many years has applicant been under your supervision?

- | | | |
|---|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 1 Year | <input type="checkbox"/> 5 Years |
| <input type="checkbox"/> 6 months to 1 year | <input type="checkbox"/> 3 Years | <input type="checkbox"/> 5-Plus Years |

I verify the above information is accurate and recommend the named scholarship applicant for the Auxiliary and Volunteer Services 2019 Scholarship program.

Signature: _____ Date: _____

*Reference letters are accepted if the above information is included along with your original signature.
Thank you!*