

# **Dona Hayes Memorial Nursing Scholarship**

## Application Form

### **Scholarship Information**

1. This scholarship is for students interested in pursuing a nursing career. This includes Licensed Practical Nurse (LPN) or Registered Nurse (RN) Associate or Bachelor degree. Any student enrolled in post-secondary nursing education at an accredited college is eligible for this scholarship which is a one-time payment of \$425 directly to your institution after proof of acceptance into their nursing program.
2. Deadline for the scholarship application is April 10<sup>th</sup>, 2017.
3. Scholarship winner will be announced on or before May 12<sup>th</sup>, 2017.
4. Applications may be obtained on the Chase County Community Hospital website ([chasecountyhospital.com](http://chasecountyhospital.com)), from your high school guidance counselor or from Mid Plains Community College, Imperial Location.
5. Any questions or to obtain an application please contact Shannon Kuhlmann at 308-882-7217 or email: [skuhlmann@chasecountyhospital.com](mailto:skuhlmann@chasecountyhospital.com).

### **Eligibility Requirements**

1. Applicant must be a current High School Senior or have graduated from High School.
2. Applicant must be planning to attend nursing school.
3. Applicants may be already enrolled in college.
4. Must be a current resident of Chase County, Nebraska.

### **Application Process**

1. Complete application form.
2. Include one letter of recommendation not from a family member.
3. Send application and recommendation to:

Chase County Community Hospital  
Dona Hayes Memorial Nursing Scholarship  
Attn: Shannon Kuhlmann RN-BSN  
600 West 12<sup>th</sup> Street  
Imperial, Ne. 69033

Or email to [skuhlmann@chasecountyhospital.com](mailto:skuhlmann@chasecountyhospital.com).

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1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Parents/Guardian if minor: \_\_\_\_\_

5. Are you a resident of Chase County, Nebraska?    YES    NO  
(Circle one)

6. Contact Phone Number: \_\_\_\_\_

7. E-mail Address: \_\_\_\_\_

8. Current High School or College  
attending: \_\_\_\_\_

\_\_\_\_\_

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9. Grade Point Average (GPA): \_\_\_\_\_ And/Or    ACT Score \_\_\_\_\_

10. College you plan on attending this upcoming fall. (Note: It is possible to have applied to more than one school and not yet been accepted at time of application for this scholarship. Please list the schools you have applied to and if more than one. Funds will be distributed directly to your college after we receive letter of acceptance into your nursing program.)

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College

1: \_\_\_\_\_

College

2: \_\_\_\_\_

Please list your community involvement such as service activities, community organizations or memberships including any leadership and work/volunteer experience.

What are your educational or professional goals?

Please list any financial challenges you may have related to pursuing a college education.

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Please provide a brief essay on why you are interested in a being a nurse and what strengths you have that will help you be successful.