



Barbara Fassler-Neumann Nursing Scholarship

Application Year: _____

Name: _____

Permanent address: _____

(Street or PO Box, City, State, Zip)

Date of Birth: _____ Gender: Male Female

Cell phone or home phone: _____ Email: _____

Name of college/university in which you plan to enroll or are currently enrolled: _____

City/State: _____ Dates attended: _____ GPA: _____

Name of High School attended/attending: _____ GPA: _____

City/State: _____ Dates attended: _____

(You may attach a separate resume showing these items if you need more space than provided.)

Extracurricular activities:

Leadership Positions Held:

Work/Volunteer Experience:

Have you received or will you receive other scholarships: Yes No

If yes, list name of scholarship(s) and amount(s):



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How do you plan to finance your education?

What is your intended field of study/major? _____

Special consideration is given to those who have a passion for nursing. Is your intended major or career related to nursing or medical care? __ Yes __ No

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Scholarship

Scholarships will be awarded annually to students and residents of Southwest Nebraska. Preference will be given to graduates from McCook High School or currently practicing medical professionals, who have resided in the area for at least four years.

Preference will be given to applicants expressing a desire to return to or stay within the Southwest Nebraska area after graduating or receiving accreditation.

Student Eligibility and Requirements

1. The applicant must be a graduating senior of an area high school, a graduate of an area high school currently pursuing study in the medical field or be a resident of Southwest Nebraska for four years and have graduated with a high school degree.
2. The applicant must attend an accredited college, community college or vocational school.
3. The applicant must submit an application by the Scholarship Application deadline (March 31).
4. Applicant shall prepare an essay which describes briefly their proposed or current field of study within the medical field, their reason for selecting this major, and their plans for using their education to return to Southwest Nebraska and practice medicine.
5. Selection Committee reserves the right to interview eligible applicants.

Loss of Scholarship

The student may lose the scholarship or be ineligible for renewal if he/she fails to complete their first year, fails to maintain a grade point average of "C" or 2.0, changes their major or field of study to a non-medical field, or demonstrates a lack of commitment to returning to McCook or Southwest Nebraska upon completion of their studies.

Barbara Fassler-Neumann desired to support dedicated community members who wished to practice nursing or medicine in Southwest Nebraska, specifically McCook. Briefly describe your proposed major field of study (or certification), your reason for selecting this major and your plans for using your education to strengthen local rural communities.

Special consideration is given to students who show a passion for nursing or the medical field and an interest in returning to Southwest Nebraska to practice. If this is part of your plan, please explain how and why you have set these goals and whether you have any experience in this field. (You may attach your essay separately; please limit it one-page, double-spaced.)



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Personal Essay

I declare that this essay is my own work, reflects my sincere desire to remain in/return to Southwest Nebraska and that all the information in my application is, to the best of my knowledge, correct.

(Applicant's Signature)

Please submit your application to:

Email to:

Mail to:

(Date)

mccfund@gmail.com or

McCook Community Foundation Fund

PO Box 525

McCook NE 69001

(308) 340-3412