



Larry Wallace RN Scholarship

Application Background

Application Guidelines and Form Available at

<http://www.mcphersonfoundation.org/applications/>

History: The McPherson Healthcare Foundation was founded in 1988 and is dedicated to the securing, managing and allocation of funds for the enhancement of healthcare programs and projects for the residents of McPherson County.

Larry Wallace RN Scholarship Purpose: The primary purpose of this scholarship shall be to provide financial support to students dedicated to pursuing Registered Nurse (RN) certification.

Eligibility:

- Registered second year student of Associate Degree.
- Registered third year student of Bachelor of Science Degree in Nursing.
- Graduate of High School in Harvey, Marion, McPherson, Reno, Rice and Saline Counties.
- Attending college classes and taking no less than six (6) credit hours per semester.
- Involvement in student nursing organizations and/or community health activities.

Scholarship Amount: \$750.00

Application Period

July 1 through August 15, 2015

Scholarship Awarded September 16, 2015



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Scholarship Application Instructions:

1. Complete all sections of application.
2. Certification and Agreement form must be signed and dated.
3. Please type or print all requested application information.
4. Only Scholarship recipient will be notified.

Mail completed application and requested information to:

Larry Wallace RN Scholarship c/o McPherson County Community Foundation
206 S Main
McPherson KS 67460

Application must be postmarked by August 15, 2015

Notice to all applicants:

The completed application and associated documents become the property of McPherson Healthcare Foundation. Private information is kept strictly confidential. By signing the certification and agreement, permission is granted to MHF to request and/or verify the requested information. Recipient of the Larry Wallace Nursing Scholarship gives permission to MHF to acknowledge this award to the public.



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Section 1: Student Information (Please print or type all information clearly – answer all questions).

Name _____
Last First Middle Initial

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Daytime Phone: () _____

E-Mail Address: _____ Student ID # _____

Section 2: Academic History

Current School of Nursing _____

Address _____

City _____ State _____ Zip _____

Name of Dean/Director _____ Phone: _____

Year in School Sophomore Junior Senior

Expected Date of Graduation Month _____ Year _____

Current GPA _____

Section 2: Academic History (Continued)

Type of Program

- ADN (Associate Degree in Nursing)
- BSN (Bachelor of Science in Nursing)
- LPN/LVN to RN Program (Licensed Practical Nurse / Licensed Vocational Nurse)
- Other (describe) _____

Current Enrollment Status Full Time Part Time **Number of credits this semester** _____

Please indicate the number of credits you plan to take during the following semesters:

Upcoming Fall _____ Upcoming Spring _____ Upcoming Summer _____

Have you previously attended any other colleges and/or schools of nursing? Yes No

If you answered yes to the previous question, please list schools attended in the space provided below.

School _____ **City** _____ **State** _____

Major _____ **Degree Earned** _____ **Year** _____

School _____ **City** _____ **State** _____

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Major _____ **Degree Earned** _____ **Year** _____

Are you pursuing a second career? Yes No

If yes, what was your first career? _____

Section 3: Nursing Student Organization Involvement, Community Activities, Honors and Awards

	Name of Organization	National	State	School Chapter
Membership (attach proof of membership if applicable)				
Elected Office				
Community Service				
Chairperson				
Representative or Delegate Service				
Community Health Activities				

Please list additional community activities that are not included in the table above.

Organization	Activity	Dates of Service

Please list all honors and awards that you have received

Honors and Awards	Awarded by	Date Received

Section 4: Personal Statement

In the space below, briefly describe your educational goals and the reasons you have chosen nursing as your career. (Use 12 pt. type and no more than 150 words.)

Section 5: Certification and Agreement

Last Name: _____ *Print* **First Name:** _____ *Print* **M.I.:** _____ *Print*

I hereby request consideration and believe myself to be eligible to apply for a scholarship administered by MHF. I have completed all necessary paperwork and certify that all information supplied on this application is complete and correct. I understand that: falsification of my application will disqualify my application; failure to follow all instructions to complete the application will render my application incomplete; and that all MHG Board of Directors decisions are final.

I understand that the completed application becomes MF property. By signing this agreement, permission is granted to MHHF to request and/or verify information in the application.

If I am a recipient of a scholarship administered by MHF and funds are awarded to me, by signing this agreement I also agree to the terms:

- Scholarship funds will only be used towards tuition, academic fees, and books for the 2015 Fall, 2016 Spring and 2016 Summer semesters. This scholarship will not be used to pay any other charge or expense I may incur while I am in nursing school.
- To enroll as a part time (minimum 6 credits) or full time nursing student or pre-nursing student.
- Scholarship funds cannot be applied to any other program except that program indicated on this application.
- Notify MHF of any change in address, phone number, or email address.
- I authorize MHF to use my name for public acknowledgement as recipient of the Larry Wallace Nursing Scholarship.

I have read the above information thoroughly and certify that if I am awarded a scholarship administered by the MHF, I agree to the terms and conditions of the scholarship outlined herein.

Student Signature _____ Date _____