

Davis Family Nursing Scholarship

Scholarship

The Davis Family Nursing Scholarship was established as an endowment in 2010. This scholarship will assist nursing students in an accredited program. Recipients will be selected using a blind selection process from the eligibility criteria stated below. The award is made without regard to race, color, creed, religion, sex, disability, or national origin. Incomplete applications will not be considered.

Award

The \$2,500.00 scholarship check will be made payable jointly to the recipient and to the enrolling educational institution and will be sent to the enrolling school within two months, after the Tri-County Health Care Foundation receives the required documentation. The scholarship is to be used for tuition, fees and/or books anytime during the recipient's program.

Eligibility Criteria

- Has been accepted into a nursing program at an accredited college or university.
- Priority for the scholarship will be as follows:
 - 1). A student from the TCHC service area pursuing a nursing degree
 - 2). A student planning to seek employment in the TCHC service area after graduating.
- Has demonstrated leadership ability, initiative, and active participation in work, volunteerism, and/or community activity.
- Has a G.P.A. of at least a 3.0 on a 4.0 scale or the equivalent, or meet the minimum G.P.A. requirements established for the college or university's academia if it is higher.
- Submits the required application materials on or before the deadline date of **October 1st**, of the current year.

Application Procedures

The following materials must be completed and returned by **October 1st** to:

Application Procedure:

The following materials must be completed and postmarked or received by **October 1st**:

1. Signed Application Form
2. Letter of Recommendation
3. Proof of acceptance to nursing program
4. Personal Statement
5. Resume' or Biographical Sketch
6. Current Transcript

Mailing Address:

The Davis Family Nursing Scholarship
Tri-County Health Care Foundation Scholarship
415 Jefferson St. North
Wadena, MN 56482-1297
Phone: (218) 632-8777
Fax: (218) 631-7503
E-mail: holly.weller@TCHC.org

TCHC FOUNDATION

Davis Family Scholarship Application



STUDENT DATA:

Last Name		First Name	Middle Initial	
Home Address				
City	State		Zip Code	
Telephone (home)		(work)	(cell)	
Social Security #		NOTE: Your social security number is used as an identifier and will remain confidential.		

ELI B I L I T Y C R I T E R I A:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you currently live in the Tri-County Health Care service area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you plan to seek employment in the TCHC service area after graduating? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

HEALTH CARE PROGRAM DATA:

College or University				
Address				
Telephone Number				
Currently Enrolled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Length of Program		Start Date		
Cumulative Grade Point Average (G.P.A.)		On a scale of		
Level during the academic year of this application (BSN)	<input type="checkbox"/> 3 rd Year	<input type="checkbox"/> 4 th Year		

APPLICANT INFORMATION:

List health care experience for the most recent two (2) years.

School	Location	Course of Study	Dates

Employment history:

Employer	Location	Title/ Position	Dates

List or describe community service activities in which you have participated and your responsibilities and/or accomplishments.

Activity	Year(s)	Responsibilities and Accomplishments

FINANCIAL INFORMATION:

Estimated annual cost of health care program including tuition, books, supplies, etc.
(Do not include costs such as housing, food, transportation, child care, etc.)

\$

Estimated financial assistance to be received for the academic year this application
including grants, scholarships, fellowships, etc.

\$

LETTER OF RECOMMENDATION

Using the attached form, include a Letter of Recommendation from a teacher, supervisor, counselor or employer. If the Letter of Recommendation is sealed, the candidate's name and the name of the scholarship should be clearly labeled on the outside of the envelope.

PERSONAL STATEMENT:

Write a personal statement describing your career goals and why you selected the health care program you did. The personal statement should not exceed 250 words.

Applicant Signature:

I certify that the above information is correct.

Applicant:

Date:

APPLICATION CHECKLIST:

The following materials must be completed and returned by **October 1st**:

- | | |
|---|---|
| <input type="checkbox"/> Signed Application Form | <input type="checkbox"/> Resume' or Biographical Sketch |
| <input type="checkbox"/> Letter of Recommendation | <input type="checkbox"/> Current Transcript |
| <input type="checkbox"/> Proof of Acceptance to nursing program | |
| <input type="checkbox"/> Personal Statement | |

Applicant's Name: _____

Recommendation Written By: _____

Relationship to the Applicant: _____

**THE DAVIS FAMILY NURSING SCHOLARSHIP
of the Tri-County Health Care Foundation**

Letter of Recommendation

To be written by a teacher, counselor, supervisor or employer of the applicant's choice.

The Davis Family Nursing Scholarship is awarded annually to an individual to help fund his/her education. Please write a letter of recommendation for the candidate which comments on his/her leadership abilities, initiative, and why this award would be significant to the applicant. You may use the space below, the back of this page or a separate sheet.

****NOTE**** The Selection Committee uses a blind selection process. Please refer to the applicant as "the candidate" or "the applicant," etc. Do not refer to the applicant by name except at the top of this page.