

Irv Hoffman
Silver Haired Legislature Undergraduate
Nursing Scholarship Application

A \$1,000 scholarship is a onetime scholarship for students in pre-licensure nursing professional programs who are interested in geriatric nursing. Monies for the scholarship are donated by the Kansas Silver Haired Legislature. The scholarship will be selected by a committee from the Silver Haired Legislature.

The completed application and essay must be postmarked or received by email no later than January 30, 2014. Winner will be notified and funds will be awarded by March 2014.

Send to: Roy White
14523 S. Mullen St.
Olathe, KS 66062

Or email: rwhite1307@aol.com

Eligibility Criteria

- Must be a resident of Kansas
- Must be enrolled full-time in nursing courses at a Kansas college or university
- Must promise to work two (2) years as a geriatric nurse after graduation and passing state boards

Application Instructions

- Type or print on application form
- Write an essay entitled: "How Can I Contribute to the Care of Geriatrics"

Essay Directions

- Type and double space
- Use appropriate grammar and sentence structure
- Must be 500 word minimum original composition with your ideas and focus

Irv Hoffman Silver Haired Legislature Nursing Scholarship Application Form

Section A: Identification Information

Last Name: _____ First Name: _____ MI _____

Maiden Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: () _____

Alternate Number: E- _____

Mail Address: _____

Are you a resident of Kansas? Yes _____ No _____

Are you enrolled in a Kansas Nursing Program? Yes _____ No _____

Name of Nursing Program

Applicants Signature

Date

Section B: Certification and Release of Information

Applicant: Sign and date the certification and the authorization for release of information.

I affirm that the information reported is complete, accurate, and true to the best of my knowledge.

I have authorized Nurse Administrator, Director, Chair or Dean of the Nursing Program to release the information requested for the purpose of determining eligibility for the Silver Haired Legislature Scholarship.

I understand that the application and essay must be postmarked or received by email no later than January 30, 2014. Applications postmarked or received by email after January 30, 2014 will not be accepted.

Applicant Signature

Date

**Student Status Verification
Release of Information Form**

Applicant, please sign and give to the Nurse Administrator, Director, Chair or Dean of your nursing program.

Applicant Last Name

First Name

I authorize school officials to release the information requested to Roy White, Silver Haired Legislature, for the purpose of determining eligibility for a Silver Haired Legislature Nursing Scholarship.

Signature

Date

**Student Status Verification
Completed by the Nursing Program**

Nurse Administrator, Director Chair or Dean of the nursing program: Please complete this page and mail or email to:

Roy White
14523 S. Mullen St.
Olathe, KS 66062
rwhite1307@aol.com

All scholarship related information must be postmarked or received by email no later than January 30, 2014.

Student Name _____

School/Program Name _____

Name of Program Administrator _____

Student's beginning date in nursing program: _____

Student's expected completion date for nursing program: _____

Please indicate program type: **BSN** _____ **ADN** _____

For professional nursing program student: In good standing? Yes ___ No ___

Student is full time? Yes ___ No ___

Student is a resident of Kansas? Yes ___ No ___

Program Administrator's Signature

Date