

**Buena Vista Regional Medical Center**  
1525 West 5th Street  
P. O. Box 309  
Storm Lake, IA 50588  
712.213.8609



## **FOUNDATION NURSING SCHOLARSHIP APPLICATION**

Please print, fill out and return this application in a sealed envelope, along with three Reference Reports, in person or by mail (email not accepted) **no later than March 31<sup>st</sup>** to Foundation Office Assistant, at the address above.

### **APPLICANT DATA:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (M.I.)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School Address (if different than above):

\_\_\_\_\_  
(Street) (City) (State) (Zip)

Who to contact if Applicant cannot be reached:

\_\_\_\_\_  
(Name) (Relationship) (Phone)

### **EDUCATION INFORMATION:**

Currently Attending: \_\_\_\_\_  
(Name of College/University)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

What Year Upcoming Term?: \_\_\_\_\_ Current Cumulative GPA: \_\_\_\_\_  
(2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, Advanced Degree)

Previously Attended College/University: \_\_\_\_\_  
(If Applicable) (Name) (City) (State)

Reason for leaving: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

Please describe why you are pursuing a degree in Nursing and any steps you have taken, or plan to take, to reach your career goal. You may use this page and **one** additional page. Please include information regarding current and/or previous work experience, volunteer activities, and any unusual family or personal circumstances you feel warrant the attention of the Selection Committee.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**REFERENCE REPORT (required)**

Applicant Name: \_\_\_\_\_

To be completed by the person making the reference:

You have been asked to provide information in support of this applicant for a *Buena Vista Regional Medical Center Nursing Scholarship*. Please give your prompt and serious attention to the following statements. When complete, please return this form to the Applicant in a sealed envelope or mail to the Foundation Office Assistant at Buena Vista Regional Medical Center. See address listed below.

All responses will be kept confidential.

**THIS FORM MUST BE RECEIVED OR POSTMARKED BY MARCH 31<sup>st</sup> TO BE CONSIDERED FOR THE SCHOLARSHIP**

|   |  |   |   |  |
|---|--|---|---|--|
| The applicant's choice of a post-secondary education program is:      | <input type="checkbox"/> Extremely appropriate | <input type="checkbox"/> Very appropriate | <input type="checkbox"/> Moderately appropriate | <input type="checkbox"/> inappropriate |
| The applicant's achievements reflect his/her ability:                 | <input type="checkbox"/> Extremely well        | <input type="checkbox"/> Very well        | <input type="checkbox"/> Moderately well        | <input type="checkbox"/> Not well      |
| The applicant's ability to set realistic and attainable goals:        | <input type="checkbox"/> Excellent             | <input type="checkbox"/> Good             | <input type="checkbox"/> Fair                   | <input type="checkbox"/> Poor          |
| The quality of the applicant's commitment to school and community is: | <input type="checkbox"/> Excellent             | <input type="checkbox"/> Good             | <input type="checkbox"/> Fair                   | <input type="checkbox"/> Poor          |
| The applicant is able to seek, find and use learning resources:       | <input type="checkbox"/> Extremely well        | <input type="checkbox"/> Very well        | <input type="checkbox"/> Moderately well        | <input type="checkbox"/> Not well      |
| The applicant demonstrates curiosity and initiative:                  | <input type="checkbox"/> Extremely well        | <input type="checkbox"/> Very well        | <input type="checkbox"/> Moderately well        | <input type="checkbox"/> Not well      |
| The applicant demonstrates honesty and exceptional character:         | <input type="checkbox"/> Extremely well        | <input type="checkbox"/> Very well        | <input type="checkbox"/> Moderately well        | <input type="checkbox"/> Not well      |
| The applicant's respect for self and others is:                       | <input type="checkbox"/> Excellent             | <input type="checkbox"/> Good             | <input type="checkbox"/> Fair                   | <input type="checkbox"/> Poor          |

Comments: \_\_\_\_\_

|                             |             |            |          |                        |
|-----------------------------|-------------|------------|----------|------------------------|
| Appraiser's Signature _____ | Title _____ | Date _____ | (      ) | Telephone Number _____ |
|-----------------------------|-------------|------------|----------|------------------------|

Please return Reference Report to: **Buena Vista Regional Medical Center**  
**Foundation Office Assistant**  
**1525 West 5th Street**  
**PO Box 309**  
**Storm Lake, IA 50588**