

Buena Vista Regional Medical Center
Katie Schwint / Foundation Department
1525 West 5th Street
Storm Lake, IA 50588
712.213.8601



FOUNDATION NURSING SCHOLARSHIP APPLICATION

Return this application in a sealed envelope and three reference reports in person or mail (email not accepted.) Must be post marked or received by March 31.

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: _____
(2nd, 3rd, 4th, 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 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**
Katie Schwint / Foundation Department
1525 West 5th Street
Storm Lake, IA 50588