

**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: \_\_\_\_\_  
(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 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
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**