Licensed Practical Nursing Scholarship

At least one $800 Licensed Practical Nursing Scholarship will be awarded to a student for study in an approved Licensed Practical Nursing School.

This scholarship will be awarded one-half in the first semester and the remaining one-half in the second semester if the recipient remains enrolled and has no inferior or failing grades during the first semester.

To be eligible, the recipient must:
A. Have been accepted for practical nurse training for at least one semester.
B. Reside in the area served by St. Francis Hospital & Health Services.

Registered Nurse or Other Medical Studies Scholarship

At least one $800 Registered Nurse or Other Medical Studies Scholarship will be awarded to a student for study in approved schools of nursing or other licensed medical professions.

This scholarship will be awarded one-half in the first semester and the remaining one-half in the second semester if the recipient remains enrolled and has no inferior or failing grades during the first semester.

To be eligible, the recipient must:
A. Reside in the area served by St. Francis Hospital & Health Services.
B. Rank in the upper one-third of her/his graduating class.
C. Have been accepted for training in an accredited institution.
D. Signify willingness to practice her/his profession in the State of Missouri for at least one year after graduation.
St. Francis Hospital Auxiliary

APPLICATION FOR SCHOLARSHIP

Name _______________________________ Date of Birth __________________

Home Address _______________________________ County __________________

City _______________ State ____ ZIP _______ Cell Phone __________________

SSN _______________________________ Home Phone __________________

Parent / Guardian or Spouse ______________________________________________________

CHECK SCHOLARSHIP DESIRED:

___ 1. $800 Licensed Practical Nurse Scholarship
___ 2. $800 Registered Nurse or other Medical Studies Scholarship

College, University or Other Educational Institution you plan to attend:

First Choice _____________________________

Address __________________________________________________________

Second Choice _________________________________

Address __________________________________________________________

High School ______________________________ Telephone __________________

Graduation Date _____________ Class Rank _______ of _________ ACT Score ______

Indicate how you plan to pay expenses: (check all that are applicable)

______ Family Support ________ Summer Earnings ________ Employment

______ Financial Aid ________ Other (specify) _________________________________

Number of people in your family:

# of Children ______ Ages ____________________ # Attending College _________

Other financial considerations which need to be noted:

Please list scholarships you know you will receive:
Are you currently employed? ___ YES ___ NO
If yes, what type of work and how many hours weekly?

Extracurricular Activities - Organizations & Clubs (list years of involvement, offices held, etc.)

Honors & Awards:

Community or Other Activities:

APPLICATIONS DUE MARCH 15. Please include two letters of reference and send to:

St. Francis Hospital Auxiliary
Attn: Community Relations/Development
2016 South Main Street
Maryville, MO 64468

Revised: 5/2010