



The completed application and all required attachments should be mailed directly to:

Knox Community Hospital
Attn: Nursing Administration
1330 Coshocton Ave
Mount Vernon, OH 43050

Received Deadline: March 15, 2011

All information will be confidential but is subject to review by the Future Nurse's Club selection committee.

Program:

The Future Nurses' Club Scholarship was created by the Future Nurses Club of Knox County and the Knox Community Hospital Foundation to encourage and promote qualified individuals to pursue a nursing career. This scholarship can only be applied towards tuition and fees and will be paid directly to the nursing program. The minimum scholarship amount awarded is \$500.

General Scholarship Requirements:

1. Applicant must attend a local high school that sponsors a Knox County Future Nurses Club Chapter.
2. Applicant must be accepted to a program, college or university as a full-time (12 hours or more) or part-time (6 - 11 hours) student for pre-nursing, licensed practical or registered nursing. Bachelors degree in nursing programs preferred.
3. Applicant must have a minimum of 3.0 Grade Point Average (GPA) on a 4.0 scale.
4. Applicant must have attended at least 4 Future Nurses Chapter meetings in 2010-2011 school year.

All applicants must acknowledge the following:

- A. I understand that this application will be reviewed by the Knox County's Future Nurses' Club selection committee and will not be returned to me.
- B. I understand that the information I have provided on this application is subject to verification.
- C. I understand that if it is determined that the information which I have provided is incorrect or inaccurate, I may be required to forfeit scholarship disbursements, and possibly repay scholarship disbursements that I have already received.
- D. I give my consent for Knox Community Hospital and/or the Future Nurses' Club to use my name and/or picture for publicity or promotional purposes.

Applicant's Signature

Date

Parent's Signature

Date

Questions about this application may be directed to Nursing Administration, Knox Community Hospital at (740) 393-9606 or email at adonyah.whipple@knoxcommhosp.org.

This form MUST BE SIGNED BY THE APPLICANT-unsigned applications will NOT be considered. An incomplete application package may result in delay or disqualification.



Knox Community Hospital Future Nurses Club
Application for Nursing Scholarship

Please follow all instructions carefully as you proceed through the application process.

Name: _____

Address: _____

City: _____ Phone No: _____

Date of Birth: _____

School: _____

E-Mail Address: _____

Future Nurses Club Chapter: _____

Position(s) held in club: _____

Number of Attended Chapter Meetings: _____

Student Status:

College/University Acceptance: _____
(Attach a copy of the College/University Acceptance letter)

High School GPA: _____
Attach official high school transcript including ACT/SAT scores
Your school may send or fax your official transcript to: Knox Community Hospital

Attn: Nursing Administration, 1330 Coshocton Road, Mt. Vernon, OH 43050 or fax to (740) 399-3130

Career Goal: _____

Student Achievements and Experiences:
If more space is needed, you may attach a separate sheet

Describe any academic awards or recognition earned (including dates):

**Briefly summarize your involvement in school activities and leadership positions
(Future Nurses Club, other clubs, sports, organizations, etc (including dates):**

**Briefly summarize your volunteer/community activities for past 4 years
(including organization, dates, hours per week, nature of work):**

List your employment experience:

Employer Name

Dates of Employment

Supervisor

Financial Need:

**Briefly describe your need or any unusual circumstances for scholarship support
(outside of all expected financial aid from other sources):**

Additional Requirements:

Write an 500-700 words essay and attach on separate pages about the Future Nurses Club and the impact it played in your choice to become a nurse:

**Provide two references from a teacher, guidance counselor, principal, employer or Chapter Advisor
(Use the attached reference forms)**

Applicant Signature: _____

Date: _____



Future Nurses' Club Scholarship Program - References

Applicant Instructions: Fill in your name and submit to a qualified individual to complete on your behalf. Please provide recommender with a stamped envelope addressed to:

**Knox Community Hospital
Attn: Nursing Administration
1330 Coshocton Ave
Mount Vernon, OH 43050**

Student's Name: _____

Recommender Instructions: Please complete this form, sign, and return it in self-addressed, stamped envelope provided by applicant. **This needs to be returned by March 15, 2011.**

Recommender's Name _____

In what context(s) have you known the applicant?

Years you have known applicant: _____

Please assess the applicant's likelihood of success in his/her chosen discipline, and offer additional comments that distinguish the applicant from his/her peers.

In the categories below rate the student compared to his/her peer group:

	Below Average	Average	Above Average	Excellent (Top 15%)	Outstanding (Top 5%)	One of Top Few
Self-Confidence	[]	[]	[]	[]	[]	[]
Warmth of Personality	[]	[]	[]	[]	[]	[]
Concern for Others	[]	[]	[]	[]	[]	[]
Energy & Initiative	[]	[]	[]	[]	[]	[]
Leadership	[]	[]	[]	[]	[]	[]
Emotional Maturity	[]	[]	[]	[]	[]	[]
Citizenship	[]	[]	[]	[]	[]	[]
Respect from Peers	[]	[]	[]	[]	[]	[]

In case we need clarification, please complete the contact information below.

Day Phone Number: _____

Evening Phone Number: _____

Signature: _____

Date: _____