

Lindsborg Community Hospital
605 W. Lincoln
Lindsborg Kansas 67456



Lindsborg
Community Hospital
 Salina Regional Health Center

*Partners caring for the health of
the Smoky Valley communities.*

*Lindsborg Community Hospital
Presents*

*The Korbe Family Nursing
\$1000.00 Scholarship*

2019/2020 Academic Year

CLOSING DATE: Applications must be mailed to arrive or delivered to the Lindsborg Community Hospital, to the attention of Betty Nelson, Director of Development, **on or before 5:00 pm Friday, April 5, 2019.** An original application and all attachments must be submitted together.

**The Korbe Family Nursing Scholarship
Application Form
Education Leading to B.S.N Status**

This scholarship will be awarded to a **Smoky Valley High School senior or Alum** in their freshman or sophomore year of college. **Applications must be received on or before 5:00 pm Friday, April 5, 2019** and will be awarded at the SVHS Booster Club Dinner. ***Award recipients are required to reimburse the scholarship fund in the amount received if they change their educational path outside of the nursing profession.***

The funds will be disbursed in two equal payments, one each semester. The money will go directly to the financial aid office of the school for which the recipient is attending. The student will be required to send a copy of the first semester's transcripts to the Lindsborg Community Hospital Scholarship Selection Committee prior to the second payment being disbursed. The recipient will be required to maintain a 2.8 or better GPA during the year for which the scholarship has been awarded. The second payment will be forfeited if the GPA falls below 2.8.

Selection: Selection of awardees is based on consideration of:

- Information provided in the application form. (Requested personal information requested is to be submitted on standard white 8.5x11" paper, typed/word processed.
- Essay of no more than five-hundred words
- Three completed reference letters
- Validation of college admission acceptance
- Overall academic record
- Estimation of financial need.

Eligibility Requirements: To be considered, applicants must:

- Document a cumulative grade point average of 2.8 or better on the submitted transcript(s).
- Submit the completed application form and all attached documents in one packet mailed to arrive, or delivered personally to Betty Nelson, Director of Development, Lindsborg Community Hospital **on or before 5:00 pm Friday, April 5, 2019.** If there are any questions in regards to the scholarship application process, contact Betty Nelson, Director of Marketing & Development for Lindsborg Community Hospital at 785-227-3308 Ext. 237.

Check List for Application Process

_____ **Section 1** consists of this completed check list. *Please organize all materials in the order they appear in this check list.*

_____ **Section 2** should include the completed and signed application form. Typed or word processed forms are preferred in regards to extra-curricular activities and awards/accomplishments but not mandatory. Identify the page as "Section 2".

_____ **Section 3** should include an essay stating your desire to become a nurse and what lead you to this decision, and your career goals. (500 words or less.) Identify the page as "Section 3".

_____ **Section 4** should include three completed reference forms.

- The first reference should be from an advisor, counselor, or teacher who knows the applicant well and is familiar with his/her academic ability.
- The second should be from an employer, teacher, or community leader who also is knowledgeable of the applicant's strengths and limitations.
- The third reference can be either a teacher, coach, community leader or former employer.

Have your references seal their letters in an envelope and return them to you to submit with your application.

_____ **Section 5** should include a copy of admission acceptance into the college for which the applicant is planning to attend.

_____ **Section 6** should include an official transcript of grades from the last academic institution attended or high school transcripts with intended graduation date.
A 2.8 GPA or better on a 4.0 scale is required for consideration of an application.

_____ **Section 7** should include an estimation of financial need. For this, provide the following:

- An estimate of the cost of tuition, fees, and books by semester for the coming year.
- A statement of how you expect to pay for your education if you do not receive this award.
- A statement (optional) of other factors that affect the need for financial support of your education.

_____ The application form and all supporting documents must be sent at the same time.

****Note: All of the above conditions must be met. Incomplete applications will affect consideration for award.**

*The Korbe Family Nursing Scholarship
Lindsborg Community Hospital
Application*

Application Form

Date of Application: _____

I. Personal Data:

Name: _____
Last First Middle Maiden

Home Address: _____
Street/ P.O. Box City State Zip

Mailing Address: _____
(If different) Street/P.O. Box City State Zip

Email Address: _____

Mobile phone: (or phone where you may be reached) _____

- II.** Please list extra-curricular activities for which you participated in High School and/or thus far in your college career (including jobs, church and community programs and volunteer activities).
- III.** Please list rewards and accomplishments received in the past 4 years.
- IV.** Write a short essay (500 words or less) describing why you have chosen nursing as your area of study, including career goals.

Please submit 3 letters of reference with your application from former or current teachers, and/or employers. (see check list for specifics)

AGREEMENT AND TERMS OF EDUCATION AWARDS/SCHOLARSHIPS

The undersigned applicant agrees that, if this application is approved and an award made, a photograph will be required for publicizing of awards. **The undersigned applicant also understands the obligation to reimburse the scholarship funds received if they pursue a career outside of the nursing profession.** This applicant certifies that the information provided within this application is true and correct and is given for the purpose of obtaining the "*Korbe Family Nursing Scholarship*". The award committee is authorized to verify the statements contained herein. All information contained in this application will be held in confidence.

Applicant's Signature

Date