

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*

*2025/2026 Academic Year*

**CLOSING DATE:** Applications must be mailed to arrive or delivered to the Lindsborg Community Hospital, to the attention of Karissa Hoffman, on or before 5:00 pm Friday, April 11, 2025. 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 11, 2025** and will be awarded at the SVHS Booster Club Event. ***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 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 Karissa Hoffman, at Lindsborg Community Hospital **on or before 5:00 pm Friday, April 11, 2025.**

If there are any questions in regards to the scholarship application process, contact Karissa Hoffman at Lindsborg Community Hospital at 785-450-5238.

**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 checklist 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 may 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