



PAT GAUNT LEADERS IN NURSING PROGRAM SCHOLARSHIP APPLICATION

Eligibility requirements:

- Applicant must have a financial need.
- Applicant must be entering the job market or training to improve job performance in a nursing career.
- Applicant must be seeking a one-year certificate, two-year associate degree, be working towards a four-year Bachelor's degree or beyond, or seeking to improve current nursing qualifications.
- Applicant may be a group or department of nurses seeking assistance to attend an educational conference or seminar. This includes bringing seminar speakers on-site to Bothwell Regional Health Center.
- Applicant must be a permanent resident of Pettis or adjacent counties.
- Applicant must be a U.S. citizen.
- If seeking a new degree, applicant must have applied to an accredited school located in the U.S. and have been accepted.

Scholarship Parameters:

- The Bothwell Foundation will award this one-time scholarship(s) annually depending on available funds.
- The awarded amount(s) will depend on applicant's need and funds available.
- Applicants may be asked to personally interview with the scholarship committee.
- Scholarship recipients will be required to sign a contractual agreement stipulating that he/she will work at Bothwell Regional Health Center for an agreed-upon period of time (typically 12 months). If the recipient does not fulfill the work agreement, he or she will be required to repay the scholarship funds within an agreed-upon time after completion of the program.

Application Procedure:

- Apply, meet all entrance requirements, and be accepted to an accredited school or certification program or conference.
- Complete the attached application and return by **April 13, 2018** to:

Pat Gaunt Leadership in Nursing Program
Attention: Bothwell Foundation
601 East 14th Street
Sedalia, MO 65301

What is your area/field of study: _____

What degree/certification are you seeking? _____

Will you be a part-time or full-time student? _____

Date of term for which funds are requested: Month _____ Year _____

Anticipated date you will receive your degree/certification: _____

Do you plan to work while attending school? ____ yes ____ no ____ FT ____ PT

Type of employment? _____

Finances: (not applicable for groups or departments)

Financial Resources:

Income: _____

Savings: _____

Other Resources: _____

Total Annual Income: _____

Financial Expenses: Anticipated education related expenses during the period of schooling:

Tuition and fees _____

Books and supplies _____

Transportation _____

Other (explain) _____

Total Educational Expenses _____

Educational Background: (not applicable for groups or departments)

Please list all schools you have attended and the degrees/certificates/diploma you have received. (Include high school, college(s), business/technical, and trade schools).

Name of School	Location	Field of Study	Degree	Date of Completion

References:

Please list below three people we can contact regarding your application. References may be from former teachers, school officials, employers, neighbors, friends, or individuals not related to you.

Name	Telephone	Relationship to you

If being referred by a BRHC employee/staff member, what is their name? _____

Required Essay:

On an attached sheet write/type a statement (350 words or less) answering the question: "What moment did you decide you wanted to be in the nursing field, and why?" In addition, please include any career goals you have, and what you would consider a success in your career.

If applying for a seminar or conference as a group, please answer the question "How do you feel this conference will help you/your coworkers in the care you are able to give patients at BRHC?"

I certify that to the best of my knowledge the information contained in this application is true and correct. I understand this application will not be considered for review unless it is signed and dated.

Signature

Date