



## **VISITING NURSES FOUNDATION**

### **Scholarship Application**

222 S. Pearl St.  
Centralia, WA 98531  
360-623-1560 Fax: 360-623-1563  
[www.VisitingNursesFoundation.org](http://www.VisitingNursesFoundation.org)

The Visiting Nurses Foundation is committed to the future of home health and hospice care by awarding scholarships. Candidates who are presently enrolled, or who have applied or intend to apply for enrollment in courses of study related to home health and hospice care, or comfort therapy are given consideration for scholarship.

#### **Scholarship criteria:**

- Minimum cumulative GPA of 2.5 or higher
- Seeking a field that aligns with the mission of the Visiting Nurses Foundation and their programs

#### **Application requirements:**

- Complete application form
- Activity or Service essay
- Record of school transcripts
- Proof of enrollment or application for enrollment in a healthcare related program of study
- Letter of recommendation

All complete applications will be reviewed by the Foundation office and the VNF Scholarship Committee to determine the number of scholarship recipients and amounts of scholarship awards.

Send all completed applications to Jacki Jewell at [jacki.jewell@visitingnursesfoundation.org](mailto:jacki.jewell@visitingnursesfoundation.org) or to the Foundation office.

*Note: Application for scholarship does not guarantee an award.*

*Our mission is to create funding for education and assistance of Home Health & Hospice patients and their families.*



## VISITING NURSES FOUNDATION Scholarship Application

222 S. Pearl St.  
Centralia, WA 98531  
360-623-1560 Fax: 360-623-1563  
[www.VisitingNursesFoundation.org](http://www.VisitingNursesFoundation.org)

### Applicant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What school are you currently attending? \_\_\_\_\_

What is your cumulative GPA? \_\_\_\_\_

What course of study do you plan to follow in college/trade school? \_\_\_\_\_

Why have you selected this course of study? \_\_\_\_\_

List schools to which you have applied: \_\_\_\_\_

To which schools have you been accepted? \_\_\_\_\_

Which school do you plan to attend? \_\_\_\_\_

*Our mission is to create funding for education and assistance of Home Health & Hospice patients and their families.*

In one or two sentences, describe your career goal: \_\_\_\_\_

Are there any other factors in your life or educational history that the committee should be aware of that demonstrate exceptional need or promise in your education plans? \_\_\_\_\_

*Please provide an essay in at least 800 words that discusses an activity or service and how it has prepared you for your career path.* \_\_\_\_\_

**Please provide one reference in writing from your college professor, school counselor or teacher.**

**PERSONAL REFERENCES:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I verify that I have completed this application myself and understand that incomplete applications will not be accepted.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**THANK YOU FOR APPLYING AT  
THE VISITING NURSES FOUNDATION!**