

Application Deadline - April 2, 2023

* Jennie Edmundson Hospital Nursing Education Scholarship Fund

* Jennie Edmundson Alumni Association Scholarships

* Alice Oth Charitable Foundation

SCHOLARSHIP APPLICATION GUIDELINES AND SELECTION PROCESS

The application included in this packet will be used for the three (3) scholarships listed above. To be eligible for one or all scholarships there are certain criteria that must be met. Scholarships awarded through the Foundations may be used to pay for <u>tuition</u>, <u>books and/or fees</u> toward the nursing degree in which you are enrolled—Associate Degree in Nursing, Bachelors Degree in Nursing, RN to BSN, Masters Degree in Nursing or Advanced Practice Nursing.

1. Eligibility:

- Currently enrolled or accepted into an accredited nursing program. (Acceptance letter required for new students/programs.)
- Current cumulative GPA of 2.5 or above.
- In good standing with your college
- Demonstrates the desire to become a nurse or higher level of nursing degree.
- JE Nursing Alumni Scholarship requires you be an alum or related to a JE Nursing School graduate.

3. Selection Criteria:

- Completed application return by or before deadline date 4/2/23.
- Completed reference forms returned by or before deadline date.
- Demonstrate through written response your desire/reasons to become a nurse or why you are pursuing a higher level of nursing education and your long term goals as a nurse.
- Community involvement.
- Academically able to complete the program of choice.
- Financial need will be a consideration.

4. Process:

- Complete the application in full, making sure all required information is provided.
- Provide a copy of your most recent college transcript and/or a high school transcript if you have not completed a semester of college where a college transcript could be provided.
- Complete the essay questions on a separate sheet of paper and attach, including Community activities.
- Give the reference forms to the appropriate individuals to be completed and ensure the forms are returned by the deadline date indicated on the form.
- Return your completed application to the Jennie Edmundson Foundation, Attention: Sandy Westphal,
 933 E. Pierce, Council Bluffs, IA 51503 by or before the deadline date: 4/2/23.
- The Scholarship Committees will review the applications, determine your eligibility for each scholarship listed and make the selections.
- Scholarship recipients will be notified by the first week in June.
- Scholarship money awarded is sent directly to the Financial Aid department of the college you are attending.

If you have any questions regarding the scholarships or the application/selection process, please contact Sandy Westphal at 712-396-6059 or email <code>sandy.westphal@nmhs.org</code> .



Nursing Scholarship Application



* Jennie Edmundson Hospital Nursing Education Scholarship Fund * Jennie Edmundson Alumni Association Scholarships * Alice Oth Charitable Foundation

Please print or type all information and complete fully.

Signature of School Representation

APPLICATION DEADLINE - MUST BE POST MARKED BY MIDNIGHT APRIL 2. 2023.

| l. | PERSONAL INFORMATION: | | | | | | | | |
|--|--|--|-----------------------------|------------------------|-----------|----------------------|--|--|--|
| | NAME: (Last, First, Middle Initial) | | | Social Security Number | | | | | |
| | Maiden Name/Other Names Used | | | Home Telephone () | | | | | |
| | Current Mailing Address (Street, Apt.#) | | | State | Zip | | | | |
| | Email Address | nail Address C | | | | Cell Phone () | | | |
| | Permanent Mailing Address (Street, Apt.#) | City | · | State | | Zip | | | |
| | Where do you want scholarship correspondence sent? Check all that | apply: | Iress Permanent Ac | Idress | | | | | |
| II. | EDUCATIONAL INFORMATION: | | | | | | | | |
| | IMPORTANT: Please submit your most recent college transcript from the nursing program you are attending or from the college you are currently attending. High school transcripts are required if you have not completed one year of college. Note: If you have a GED, include the original transcript with signature. Transcripts must be received by the application deadline date. | | | | | | | | |
| | Circle the highest grade completed. 1 2 3 4 5 6 7 8 | 9 10 11 12 GED Collec | ge: 1 2 3 4 | | | | | | |
| | High School Attended and Location: | | | Graduation Date: | | | | | |
| | College/University Attended and Location | Dates Attended: | # of Credit Hours | Graduation I | Date: | Degree Earned: | | | |
| ŀ | College/University Attended and Location | Dates Attended: | # of Credit Hours | Graduation I | Date: | Degree Earned: | | | |
| | College/University Attended and Location | Dates Attended: | # of Credit Hours | Graduation I | Date: | Degree Earned: | | | |
| | If additional space is needed, please attach a separa | te sheet. | | | | | | | |
| III. CURRENT ENROLLMENT PLEASE LIST THE NURSING SCHOOL YOU ARE CURRENTLY ENROLLED IN: (ALL RECIPIENTS MUST BE ACCEPTED INTO A NURSING PROGRAM. If recently accepted, please provide a copy of acceptance letter from the nursing program you will be attending.) | | | | | | | | | |
| Name of College: Address: | | | | | | | | | |
| | Contact Person In Registrars Office:Phone | | Title: _ | | | | | | |
| | Type of Degree Pursuing: | | | _ | | | | | |
| | Enrollment Date: Estimated | Completion Date: | | | | | | | |
| | Locatify that the applicant is appelled and in good standing or has been accounted for | onrollment Additional information deem | ad naganany will be provide | d to the Jannia Edmin | doon Form | adation upon request | | | |

Title and Date

IV. REFERENCES:

The 2 reference forms included should be given to the appropriate persons, as indicated on the form, to complete and return to the Jennie Edmundson Foundation. (You may wish to included a stamped address envelop for their convenience in returning the reference form.)

V. PERSONAL STATEMENT:

- 1.) Please attach a typewritten personal statement, not to exceed 400 words, reflecting career aspirations, goals and personal reasons for choosing health care as a profession, including professional goals. (Attach sheet to the application.)
- 2.) If you are currently a nurse and pursing a higher level of nursing, please share your reasons.
- 3.) Please submit extracurricular, community or healthcare activities (volunteering, clubs, organizations, band, sports, etc.) indicating your scope of each activity and your level of participation.

| VI. | JENNIE EDMUNDSON | SCHOOL C | OF NURSING | AFFILIATION: |
|-----|------------------|----------|------------|--------------|
|-----|------------------|----------|------------|--------------|

| Please indicate your affiliation to Jennie Edmundson School of Nursing or Alumni: NONE; |
|---|
| ☐ Graduate - Year Graduated; ☐ Related to Alum - Name of Alum |
| Their Year of Graduation Your relationship to them |
| (This information is required to determine if you are eligible for the JE Alumni Association Nursing Scholarship.) |
| PLEASE RETURN COMPLETE APPLICATION TO THE JE FOUNDATION DEPARTMENT by APRIL 2, 2023. |
| Mail the completed original application to Jennie Edmundson Foundation, ATT: Sandy Westphal, 933 East Pierce Street Council Bluffs, IA 51503. Applications must be postmarked by midnight on April 2, 2023 to be reviewed. Completed applications, transcripts, enrollment information, or other scholarship information postmarked after April 2, 2023 will result in the application being deemed ineligible. Questions regarding the application and selection process should be directed to: Sandy Westphal - email sandy.westphal@nmhs.org or phone 712-396-6059. |
| I affirm that all information in this document is true and complete. |
| Signature of Applicant Date |
| I authorize I do not authorize (check one) JE Foundation to release my name, and course of study in a press release. |
| Signature Date |





Jennie Edmundson Hospital Nursing Education Scholarship Fund Jennie Edmundson Alumni Association Scholarships & Alice Oth Charitable Foundation

Reference Form #1 - College Instructor or High School Instructor/Counselor, if not in college.

Application Deadline - Must be Postmarked by Midnight, April 2 2023.

TO BE COMPLETED BY APPLICANT

Please use this form for submitting your reference. There are two (2) references required (forms included). One

| reference needs to be from an instructor and one from an employer/supervisor. References should not include family members or friends. Complete this portion of the form and give it to your reference person to complete. | | | | | |
|--|--|--|--|--|--|
| Please remind your reference person to return this form to you or to the Jennie Edmundson Foundation, 933 East Pierce Street, Council Bluffs, IA 51503 as soon as possible. To meet the deadline, all documents must be postmarked by midnight April 2, 2023. You may want to provide your reference person with a self-addressed envelope. If returning with your application, enclose the reference form in a sealed envelope. | | | | | |
| Print Applicant Name: | | | | | |
| Print Name of Reference Person: | | | | | |
| RELEASE OF ACCESS TO THIS LETTER OF RECOMMENDATION | | | | | |
| Applicant must complete and sign the following statement before submitting this form to the reference person. This request is in compliance with Federal Law P.L. 93-380 (Family Educator Rights and Privacy Act of 1974). | | | | | |
| ☐ I waive my right to access this letter of recommendation. | | | | | |
| ☐ I do not waive my right to access this letter of recommendation. | | | | | |
| Signature of Applicant: | | | | | |
| | | | | | |
| SUMMARY SHEET TO BE COMPLETED BY THE REFERENCE PERSON | | | | | |
| Instructions for person making the recommendation: | | | | | |
| Review sections I and II to ensure the applicant has provided the necessary information. | | | | | |
| Complete the remainder of the form below and on reverse side. | | | | | |
| Place the completed recommendation in a sealed envelope with your signature across the seal of the envelope. Return the form to the applicant or place in the mail to the JE Foundation (see address above). The applicant may return the sealed envelope with his or her application. | | | | | |
| How well do you know the applicant? | | | | | |
| □ Very well □ Minimally □ Unknown | | | | | |
| How long have you known the applicant? (days, months, years) | | | | | |
| Identify the associations you've had with the applicant. References should not include family members or friends. Check all that apply. College Instructor High School Instructor Other | | | | | |





JEH NURSING EDUCATION SCHOLARSHIP FUND JE ALUMNI ASSOCIATION SCHOLARSHIPS & ALICE OTH CHARITABLE FOUNDATION

Reference Form #1 - College Instructor or High School Instructor/Counselor if not in college.

Application Deadline - Must be Postmarked by Midnight, April 3, 2022.

Name of Applicant:

| Please rate the applicant's achievement and potential by entering an "X" in the appropriate spaces below. | | | | | | | |
|---|--|------------------|---------|------------------|------------------------|--|--|
| SKILL: | Exceptional | Above Average | Average | Below Average | Not Able to Respond | | |
| Decision-making ability | | | | | | | |
| Organizational skills | | | | | | | |
| Communication skills: Wri | | | | | | | |
| Adaptability to stress | | | | | | | |
| Positive attitude | | | | | | | |
| Integrity | | | | | | | |
| Interpersonal sensitivity | | | | | | | |
| Leadership ability | | | | | | | |
| Ability to commit to: Goal Pers | | | | | | | |
| In addition to the ratings, please give your evaluation of the applicant. It is important that you complete this section. Please indicate your perceptions of the applicant's strengths and limitations. | | | | | | | |
| My recommendation is: ☐ highly recommend ☐ do recommend ☐ do not recommend | | | | | | | |
| Signature of Person Making Recommendation: Date: | | | | | | | |
| Printed Name: | Business and Position: (if applicable) | | | | | | |
| Address: | | | | | | | |
| Work Phone: | | Home Pho | one: | | | | |

JENNIE EDMUNDSON FOUNDATION

Revised: 1/2023



Jennie Edmundson Hospital Nursing Education Scholarship Fund Jennie Edmundson alumni Association Scholarships & Alice Oth Charitable Foundation

Reference Form #2 - Employer/Supervisor

Application Deadline - Must be Postmarked by Midnight, April 2, 2023.

TO BE COMPLETED BY APPLICANT

Please use this form for submitting your second reference. There are two (2) references required (forms included)

| One reference needs to be from an instructor and one from an <u>employer/supervisor</u> . References should not include family members or friends. Complete this portion of the form and give it to your reference person to complete. |
|---|
| Please remind your reference person to return this form to you or to the Jennie Edmundson Foundation, 933 East Pierce Street, Council Bluffs, IA 51503 as soon as possible. To meet the deadline, all documents must be postmarked by April 2, 2023. You may want to provide your reference person with a self-addressed envelope. If returning with your application, enclose the reference form in a sealed envelope. |
| Print Applicant Name |
| Print Name of Reference |
| RELEASE OF ACCESS TO THIS LETTER OF RECOMMENDATION |
| The applicant must complete and sign the following statement before submitting this form to the reference. This request is in compliance with Federal Law P.L. 93-380 (Family Educator Rights and Privacy Act of 1974). |
| ☐ I waive my right to access this letter of recommendation. |
| ☐ I do not waive my right to access this letter of recommendation. |
| Signature of Applicant |
| SUMMARY SHEET TO BE COMPLETED BY THE REFERENCE PERSON |
| Instructions for person making the recommendation: |
| Review sections I and II to ensure the applicant has provided the necessary information. |
| Complete the remainder of the form below and on reverse side. |
| Place the completed recommendation <u>in a sealed envelope with your signature across the seal of the envelope</u> . Return the form to the applicant or place in the mail to the JE Foundation (see address above). The applicant may return the sealed envelope with his or her application. |
| How well do you know the applicant? |
| □ Very well □ Fairly well □ Minimally □ Unknown |
| How long have you known the applicant?(days, months, years) |
| Identify the associations you've had with the applicant. References should not include family members or friends. Check all that apply. ☐ Employer |





JEH NURSING EDUCATION SCHOLARSHIP FUND JE ALUMNI ASSOCIATION SCHOLARSHIPS & ALICE OTH CHARITABLE FOUNDATION

Reference Form #2 - Employer/Supervisor

Application Deadline - Must be Postmarked by Midnight, April 2, 2023.

Name of Applicant:

| Please rate the applicant's achievement and potential by entering an "X" in the appropriate spaces below. | | | | | | | |
|---|-------------|--|---------|------------------|------------------------|--|--|
| SKILL: | Exceptional | Above Average | Average | Below Average | Not Able to Respond | | |
| Decision-making ability | | | | | | | |
| Organizational skills | | | | | | | |
| Communication skills: Written Oral | | | | | | | |
| Adaptability to stress | | | | | | | |
| Positive attitude | | | | | | | |
| Integrity | | | | | | | |
| Interpersonal sensitivity | | | | | | | |
| Leadership ability | | | | | | | |
| Ability to commit to: Goals | | | | | | | |
| Persons | | | | | | | |
| | | | | | | | |
| My recommendation is: ☐ highly recommend ☐ do recommend ☐ do not recommend | | | | | | | |
| Signature of Person Making Recommendation: Date: | | | | | | | |
| Printed Name: | Business | Business and Position: (if applicable) | | | | | |
| Address: | | | | | | | |
| Work Phone: | | Home Ph | one: | | | | |

