



Application Deadline - **March 30, 2026**

* 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 tuition, books and/or fees 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 Scholarships requires you be an alum or related to a JE Nursing School graduate.

3. Selection Criteria:

- Completed application - return by or before **deadline date 3/30/26**.
- 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.
- Demonstrated 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: **3/30/26**.
- 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 sandy.westphal@nmhs.org.



**JENNIE EDMUNDSON
FOUNDATION**

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.

APPLICATION DEADLINE - MUST BE POST MARKED BY MIDNIGHT MARCH 30, 2026.

I. PERSONAL INFORMATION:

NAME: (Last, First, Middle Initial)		Social Security Number	Student ID Number
Maiden Name/Other Names Used		Home Telephone ()	
Current Mailing Address (Street, Apt.#)	City	State	Zip
Email Address		Cell Phone ()	
Permanent Mailing Address (Street, Apt.#)	City	State	Zip

Where do you want scholarship correspondence sent? Check all that apply: Email Current Address Permanent Address

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 College: 1 2 3 4

High School Attended and Location:			Graduation Date:	
College/University Attended and Location	Dates Attended:	# of Credit Hours	Graduation Date:	Degree Earned:
College/University Attended and Location	Dates Attended:	# of Credit Hours	Graduation Date:	Degree Earned:
College/University Attended and Location	Dates Attended:	# of Credit Hours	Graduation Date:	Degree Earned:

If additional space is needed, please attach a separate 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: _____ Title: _____
 Phone _____

Type of Degree Pursuing: _____

Enrollment Date: _____ Estimated Completion Date: _____

I certify that the applicant is enrolled and in good standing or has been accepted for enrollment. Additional information deemed necessary will be provided to the Jennie Edmundson Foundation upon request.

Signature of School Representation _____ 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 include 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 pursuing a higher level of nursing degree, please share your reasons.
- 3.) Please submit extracurricular, community and/or healthcare activities (volunteering, clubs, organizations, band, sports, etc.) indicating your scope of each activity and your level of participation.

VI. JENNIE EDMUNDSON SCHOOL 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 March 30, 2026.

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 March 30, 2026 to be reviewed.** Completed applications, transcripts, enrollment information, or other scholarship information postmarked after March 30, 2026 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, March 30, 2026.**

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 March 30, 2026. 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 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.

- 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, March 30, 2026.

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				

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/Title: *(if applicable)*

Address:

Work Phone:

()

Home Phone:

()



**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, March 30, 2026.

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 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 March 30, 2026. 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 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 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 Other _____
 Supervisor



**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, March 30, 2026.

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				

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:
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Printed Name:	Business and Position/Title: <i>(if applicable)</i>
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Address:

Work Phone: ()	Home Phone: ()
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