

Stahlnecker Trust Nursing Scholarships



Deadline Date – March 30, 2026.

Scholarship Application and Selection Process

Scholarships awarded through the JEH Foundation ~ Stahlnecker Trust Nursing Scholarships may be used to pay for tuition, fees and books 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.

Eligibility:

- Currently in or accepted into an accredited nursing program. (*Acceptance letter required for new students.*)
- Current cumulative GPA of 2.5 or above.
- In good standing with your college
- Demonstrates the desire to become a nurse and care giver.

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/reason to become a nurse or why you are pursuing a higher level of nursing education, along with your long term goals as a nurse.
- Academically able to complete the program of choice.
- Financial need will be a consideration.
- Preference given to students living in or direct connection to Southwest Iowa. (*see application*)

Process:

- Complete the application in full, making sure **all** required information is provided.
- Provide a copy of your most recent college transcript. A high school transcript is required if you have not completed a semester of college where a college transcript could be provided.
- Complete your essay questions on a separate sheet of paper and attach to application.
- Give the reference forms to appropriate individuals to be completed. Ensure they 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 JE Foundation Scholarship Committee will review the applications and make the selections.
- All scholarship recipients will be notified no later then 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 scholarship or the application/selection process, please contact Sandy Westphal at 396-6059 or email sandy.westphal@nmhs.org.

Stahlnecker Trust Nursing Scholarship

APPLICATION FORM

Application Deadline - Must Be Postmarked by **Midnight March 30, 2026**



Please print or type.

APPLICANT 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
E-mail Address:		Cell Phone: ()	
Permanent Mailing Address (Street, Apt #)	City	State	Zip

Where do you want scholarship correspondence sent? (check all that apply) E-mail Current Address Permanent Address

EDUCATION

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 semester of college. Note: If you have a GED, include the original transcript with signature. Transcripts must be received by the application

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:	Hours	Graduation Date:	Degree Earned:
College/University Attended and Location	Dates Attended:	Hours	Graduation Date:	Degree Earned:
College/University Attended and Location	Dates Attended:	Hours	Graduation Date:	Degree Earned:

If additional space is needed, please attach a separate sheet.

CURRENT ENROLLMENT VERIFICATION

Name of College:		Address (Street, City, State, Zip):		
Contact Person in Registrar or Financial Aid:	Title of Contact Person:	Telephone: ()		
Academic Year Applied For:	Degree Enrolled:	Program Start Date:	Projected Graduation 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 Representative:	Title and Date:
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EMPLOYMENT

Are you currently employed?

Yes No

Number of hours per week. _____

Name of Employer:

Job Title:

Dates of Employment:

If a Healthcare Facility, do you plan to stay after obtaining your Nursing degree?

Yes No

SOUTHWEST IOWA CONNECTION

Note: The Stahlnecker family has ties to the following Southwest Iowa communities and therefore feels strongly that they would like this scholarship to benefit an individual residing in and/or direct association with one of the communities listed below. Although not mandatory, preference will be given to those with a strong connection. Please circle those communities you are associated with and specify the connection.

Persia

Shelby

Minden

Neola

Council Bluffs

Please specify connection:

PERSONAL STATEMENT AND ADDITIONAL INFORMATION

Please attach a typewritten personal statement, not to exceed 300 words, reflecting career aspirations, goals and personal reasons for choosing health care as a profession and/or educational advancement, including professional goals.

Also submit extracurricular, community and healthcare activities (volunteering, clubs, organizations, band, sports, etc.). Indicate the scope of each activity and your level of participation.

How did you learn about the Stahlnecker Trust Nursing Scholarship?

Hospital School Web Newspaper Other, please specify _____

APPLICANT

Mail the completed original application to Jennie Edmundson Foundation, ATT: Stahlnecker Trust Nursing Scholarship Committee, 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 certify the information contained in this application is true, complete and correct to the best of my knowledge and that all funds will be used for tuition, books and academic fees in the academic year indicated. I hereby authorize the release of personal, scholastic and financial information related to my educational status from any academic institution I have attended in the past and any academic institution in which I am currently enrolled or may be enrolled as a future student to the Stahlnecker Trust Nursing Scholarship committee.

Signature of Applicant:

Date:

I authorize _____ do not authorize _____ (check one) JE Foundation to release my name and course of study in a press release.

Signature of Applicant:

Date:

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



Application Deadline - Must be Postmarked by Midnight, March 30, 2026.

TO BE COMPLETED BY APPLICANT

Please use this form for submitting your reference. Two (2) references (each form is attached) are required, including at least one reference from an instructor & one reference from your employer/supervisor. References should not include family members or friends. Complete this portion of the form and then provide it to your reference person for completion.

Please remind your reference person to return this form to you or to the Stahlnecker Trust Nursing Scholarship, c/o 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 this form with your application, enclose the reference form in a sealed envelope with your application.

Print Applicant Name:

Print Name of Reference Person:

RELEASE OF ACCESS TO THIS LETTER OF RECOMMENDATION

The 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 submitting 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 the 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 Other _____
 High School Instructor

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



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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: () _____

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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: _____

Printed Name: _____ Business and Position: *(if applicable)* _____

Address: _____

Work Phone: () _____ Home Phone: () _____

