

the Valley Baptist  
**LEGACY FOUNDATION**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

## Scholarship Application

### Submit completed application, including:

- Cover letter
- Personal profile
- Required documentation specific to each scholarship (**see criteria**)
- Transcript, including most recent grades (*unofficial is acceptable*)
- Degree plan
- Two letters of recommendation
- Print out invoice from university/school (submit this as soon as it's available!)
- Class schedule for upcoming semester

*For returning applicants, please submit new letters of recommendation!*

**Submit to:** The Legacy Foundation  
1267 N. Stuart Place Rd.  
Harlingen, TX 78552  
Contact: (956) 335-3039

Please print a copy of this document, then type or use black ink to complete it. To be eligible, a student must meet the requirements as specified by the specific scholarship guidelines.

### Submit by:

**July 15** (fall semester or academic year)

**December 15** (spring semester) – *VHCN Nursing Scholarships are awarded in the fall for the entire school year (fall & spring). New awards for the spring are subject to funding availability.*

### Available for the fall semester:

- Drs. Heinrich & Annie Lamm Memorial Fund (Fall and Spring)
- Valley Health Care Network Nursing Scholarship (Fall only)
- Joe Davis Ballenger Nursing Grants (Fall and Spring)

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

VALLEY BAPTIST LEGACY FOUNDATION  
SCHOLARSHIP APPLICATION

PERSONAL PROFILE

Application is for Academic Year 20 - 20 :  Fall  Spring  Both Semesters

**Students enrolled in nursing programs may apply for the entire academic year at once.**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street City State Zip

Mailing Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address (print clearly): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Female  Male

Applicant's occupation: \_\_\_\_\_

Are you the head of the household?  Yes  No

Marital Status: \_\_\_\_\_ If married, spouse's occupation: \_\_\_\_\_

# of Dependents as listed on your tax return (do not include self): \_\_\_\_\_

Ages of Dependents: \_\_\_\_\_

**Employment Information:** Hospital Name: \_\_\_\_\_

Date of hire: \_\_\_\_\_ Dept. Name & Number: \_\_\_\_\_

Status:  Relief (PRN)  Part-Time  Full-Time

Shift:  Day  Evening  Night

Are you eligible for "Tuition Reimbursement" for the semester(s) for which you are applying?

Yes  No - If no, why? \_\_\_\_\_

Annual household income: \$ \_\_\_\_\_ (include wages, child support, other)

If annual income is \$0, indicate sources of your support \_\_\_\_\_

If you have an extenuating financial circumstance, please describe: \_\_\_\_\_

**Applicant's Education Background**

High School attended/dates: \_\_\_\_\_

Colleges attended/dates: \_\_\_\_\_

Degrees/Certificates earned: \_\_\_\_\_

If a nurse, list the date of licensure by the Texas Board of Nurse Examiners: \_\_\_\_\_

**Education Program Currently Pursuing**

Degree Program (Nursing: List program & 1<sup>st</sup> or 2<sup>nd</sup> yr) : \_\_\_\_\_

School(s) Attending: \_\_\_\_\_

Number of Hours Completed: \_\_\_\_\_ **Overall** GPA: \_\_\_\_\_

Number of course credit hours to be taken: \_\_\_\_\_ Fall \_\_\_\_\_ Spring

Estimated tuition and books related to the semester for which you are applying: (invoice for semester must be submitted showing total cost)

Fall Semester \$ \_\_\_\_\_

Spring Semester \$ \_\_\_\_\_

List all other resources (including amounts) of financial assistance applicable to the semester(s) for which you are applying (ex: Pell Grant, tuition reimbursement, other grants, loans, other scholarships, etc.):

\_\_\_\_\_

References: 1. \_\_\_\_\_ 2. \_\_\_\_\_

(First time applicants: attach new letters of recommendation. Repeat applicants: copies of previous recommendation letters are acceptable).

As an applicant for this scholarship, I understand if I am selected as a recipient, I must continue my course of study and maintain academic standards as set forth in the scholarship guidelines in order to be eligible to receive additional assistance. I must also follow the guidelines for assistance as they pertain to individual scholarships. **I am giving true and accurate information.**

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

(Department Managers Only)

I understand that my signature authorizes this employee to participate in this program if they have completed all the requirements as outlined in the guidelines. This employee is not on a Leave of Absence and is not currently on disciplinary probation.

Department Mgr./Nurse Mgr. Signature \_\_\_\_\_

Date \_\_\_\_\_

**Foundation use only:**  
**Received in Foundation Office on:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **am / pm**

## **REQUIRED SCHOLARSHIP DOCUMENTATION**

**In addition to a personal profile, please submit the following documentation specific to the scholarship(s) for which you are applying. Take care to include all points of concern. Incomplete applications will be returned to the applicant. Please make sure to attach the documentation listed on the cover sheet. You will be notified of the committees' decision by email.**

### **Drs. Heinrich & Annie Lamm Memorial Fund**

- One of the two recommendation letters requested in the application must be from your immediate supervisor;
- Submit a one-page typed letter to include the following information:
  - Personal introduction
  - Current job status
  - Current course of study
  - Reason for financial assistance
  - Specific plans and/or goals for the future
  - Provide a clear copy of your I.D. name badge

### **Valley Health Care Network Scholarship**

- Submit a one-page typed essay describing the following:
- Brief personal introduction;
- Your need for financial assistance at this time;
- Your philosophy of nursing as a profession & the impact it has on your community;
- Your specific short-term and long-term goals after you obtain your degree.
- Provide a clear copy of your I.D. name badge

### **Joe Davis Ballenger Nursing Grants**

- Submit a one-page typed essay describing the following:
- Brief personal introduction;
- Your need for financial assistance at this time;
- Your desire to be a nurse, and your specific short-term and long-term goals after you obtain your degree, including what type of nursing environment you want to work in
- Provide a clear copy of your I.D. name badge

Please see Scholarship Criteria particular to each fund for additional qualification information.