

the Valley Baptist
LEGACY FOUNDATION

Last Name: _____

First Name: _____

RN Scholarship

Scholarships are awarded by the Heinrich and Annie Lamm Memorial Scholarship Committee and administered by the Valley Baptist Legacy Foundation to assist individuals pursuing a registered nurse educational program. The scholarship may be renewed every semester if all requirements are met.

Submit completed application, including:

- Personal profile (Provide a personal introduction, your philosophy of nursing as a profession and the impact it has on your community, as well as short/long term goals)
- Transcript, including most recent grades (*unofficial is acceptable*)
- Degree plan
- One letter of recommendation (*For returning applicants, please submit new letters of recommendation*)
- Print out invoice from university/school (submit this as soon as it's available!)
- Class schedule for upcoming semester

Submit to: The Legacy Foundation Attn: Evelyn Garza
1267 N. Stuart Place Rd.
Harlingen, TX 78552
Contact: (956) 335-3039
Email: egarza@vblf.org

Submit by:

June 30th (fall semester or academic year)

November 30th (spring semester)

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

VALLEY BAPTIST LEGACY FOUNDATION
SCHOLARSHIP APPLICATION

PERSONAL PROFILE

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

Students enrolled in an RN program 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

Employer: _____

Date of hire: _____ Status: _____ Relief (PRN) _____ Part-Time _____ Full-Time

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

___ Yes _____ Amount expected ___ 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: _____

RN Program Currently Pursuing

Degree Program (List program 1st or 2nd 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.):

Reference: 1. _____

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**