

the Valley Baptist
LEGACY FOUNDATION

Last Name: _____

First Name: _____

Scholarship Application

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)

Submit completed application, including:

- Personal profile
- Required documentation specific to each scholarship (**see criteria**)
- Transcript, including most recent grades (*unofficial is acceptable*)
- Degree plan
- Two letters 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

To be eligible, a student must meet the requirements as outlined in the guidelines for each specific scholarship.

Submit by:

June 30th (fall semester or academic year)

November 30th (spring semester) – *VHCN Nursing Scholarships are awarded in the fall for the entire school year (fall & spring). Lamm is the only one that accepts new spring applications. New awards for the spring are subject to funding availability.*

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 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 _____ 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: _____

Education Program Currently Pursuing

Degree Program (Nursing: 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.):

References: 1. _____ 2. _____

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.