



Scholarship Application

Submitting your application for The Valley Baptist Legacy Foundation opens the door to a diverse array of scholarships designed to support students pursuing and advancing their education in health-related fields of study. By submitting your application, you will be considered for the following scholarships:

- Drs. Heinrich and Annie Lamm Memorial Scholarship
- RN Scholarship
- Valley Health Care Network Nursing Scholarship
- Joe Davis Ballenger Memorial Nursing Grant
- Willis H. Jondahl Memorial Fund Scholarship
- Beverly Joyce White Memorial Scholarship for Hospice Nursing Staff

Submit completed application, including:

- One-page typed scholarship Essay describing the following.
 - Personal Introduction including current job status, course of study and your desire to work in healthcare.
 - Your need for financial assistance at this time
 - Your philosophy of (nursing) or healthcare as a profession
 - Specific short- and long-term goals to continue advancing your career.
 - How your education/training in this field will positively impact your community and any current or future employer.
- Transcript, including most recent grades (**unofficial is acceptable**)
- Degree plan (Not required if acquiring a certification)
- One letter of recommendation from either your immediate supervisor, a professor, or a professional who has observed your performance in a work or educational setting. (For returning applicants, please submit a new or updated letter of recommendation).
- Print out invoice from university/school (submit this as soon as it's available!)
- Class schedule for upcoming semester or proof of enrollment in course/certification program
- Provide a clear copy of your I.D. name badge (only for current hospital employees)

Submit to:

The Legacy Foundation Attn: Rebecca James
1267 N. Stuart Place Rd.
Harlingen, TX 78552
Contact: (956) 335-3036
Email: rjames@vblf.org

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

Submit by:

July 15th (fall semester or academic year)

December 15th (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

Please check the box that most applies to you.

- | | | |
|------------------------------|---|---|
| <input type="checkbox"/> RN | <input type="checkbox"/> BSN | <input type="checkbox"/> Advanced Degree |
| <input type="checkbox"/> LVN | <input type="checkbox"/> Obstetrics Continued Education | <input type="checkbox"/> Other Health-Related Field _____ |
| <input type="checkbox"/> ADN | <input type="checkbox"/> Hospice Continued Education | |

Application is for Academic Year _ : _____ 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: _____

Current Education Program/ Continued Education Course

Degree Program (Nursing: List program & 1st or 2nd yr) : _____ OR

Name of Course, Seminar, or workshop _____

School(s) Attending: _____

Institution/Location _____ Date Course Begins _____ Ends _____

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 \$: Tuition \$ _____ Books \$ _____ Other Fees _____

Itemize other fees: _____

Spring Semester \$: Tuition \$ _____ Books \$ _____ Other Fees _____

Itemize other fees: _____

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.):

Professional References: 1. _____ 2. _____

As an applicant to the VBLF Scholarship pool, 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 to be eligible to receive additional assistance. I must also follow the guidelines for assistance as they pertain to individual scholarships.

If awarded the JonDahl Memorial Fund or the White Memorial Fund, I understand that I will be reimbursed upon satisfactory completion of the course. I will be responsible for presenting a copy of the test or course registration form, and an official receipt from the institution for tuition fees, and books.

I hereby certify that all the information provided in this application is true and accurate to the best of my knowledge at the time of signing.

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: _____

Time: _____