

# Jackson County Hospital Foundation

## Grossman Nurses Scholarship Guidelines

**PURPOSE:** Shall be available to persons pursuing an **undergraduate degree in nursing**.

1. Shall be available to anyone in the Jackson County Regional Health Center service area. Said service area to be determined at the discretion of Scholarship Committee.
2. Monies awarded by this scholarship shall be used for tuition, books, room and board.
3. Monies awarded shall be paid to college and student jointly.
4. A new application is necessary each year funds are applied for with current references.
5. Having received or denied a scholarship one year shall not deter a person from applying in subsequent years.
6. Application forms shall be available by February 1 each year from Jackson County Regional Health Center (JCRHC), JCRHC website, or school counselors.
7. Application forms must be completed and returned by April 1, (postmarked by March 31) to a member of the Grossman Nurses Scholarship committee. (contact information listed on last page of scholarship application)
8. Announcements of scholarship awards shall be made by May 15.

The number and amount of the Scholarship(s) will be determined by the money available.

Grossman Nurses Scholarship review committee: Kevin McClimon, Cheryl Curl, Katie Bopes



# GROSSMAN NURSES SCHOLARSHIP APPLICATION

Administered by the Jackson County Hospital Foundation

## APPLICANT INFORMATION

Applicant Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

(please list personal email, not school as that is often blocked)

### Complete this section if dependent of parents:

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Yearly salary: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Yearly salary: \_\_\_\_\_

Number of children in the family: \_\_\_\_\_ Number of dependent children: \_\_\_\_\_

Ages of dependent children: \_\_\_\_\_

Number of siblings now in college: \_\_\_\_\_

Your Occupation & Employer \_\_\_\_\_ Yearly salary \_\_\_\_\_

Are you: ☐ Married ☐ Single ☐ Divorced

If married--

Spouse's name \_\_\_\_\_

Spouse's Occupation & Employer \_\_\_\_\_ Yearly salary \_\_\_\_\_

Number of your dependent children \_\_\_\_\_

If single--

Number of your dependent children \_\_\_\_\_

If divorced--

Number of your dependent children \_\_\_\_\_

Yearly child support \_\_\_\_\_

## EDUCATION INFORMATION

Name of last school attended \_\_\_\_\_

School where you plan to attend or are enrolled in \_\_\_\_\_

Location \_\_\_\_\_ Nursing degree chosen \_\_\_\_\_

If currently enrolled:

What year are you now? ☐ FR ☐ SO ☐ JR ☐ SR ☐ Full Time (>12 hrs.) ☐ Part Time (<12 hrs.)

Semesters left to obtain degree \_\_\_\_\_ Number of credit hours \_\_\_\_\_

ACT score \_\_\_\_\_ SAT score \_\_\_\_\_ Date taken \_\_\_\_\_

**\*\*A transcript of grades must accompany this application\*\***

High school graduates (first year applicants) must supply a high school transcript. College students must provide a college transcript.

What self-support work have you done?

Will you be working during the school year? \_\_\_\_\_

Estimate separately your expenses for the school year:

Tuition	\$ _____
Books	\$ _____
Room & Board	\$ _____
Child Care	\$ _____
Other	\$ _____

List your sources and amounts of income for the school year.

*(Savings, Parents, Work Study, Other Scholarship money, etc.)*

What are your plans for gaining additional funding?

Do you have any special needs that should be considered?

The name of the healthcare provider and hospital you use:

Would you have any interest in returning to this area for employment after you obtain your degree?

#### **PERSONAL LETTER**

*The personal letter should highlight your honors, achievements, extracurricular activities, outside interests, and goals, reflecting on your current stage in life, the past year's experiences, and aspirations for the future.*

#### **PERSONAL INTERVIEW**

*Personal interviews are expected with this application.* We will try to work a convenient time for both the committee member and your schedule. Please contact one of the committee members (listed at the end of this application) and schedule about twenty minutes for an interview. The visit includes looking over your application, making sure everything required is included, and also discussing your desires for this scholarship money.

## FINANCIAL INFORMATION

**NOTICE: This page is separate for confidentiality and is only to assist the committee in making their decision. We respect your personal statements which will be kept only within the committee and destroyed after a decision is made.**

Property owned by parent, spouse or self:

Debt on said property: \$ \_\_\_\_\_

Annual gross income from all sources of parents, guardian, or of your own if not a dependent:

\$ \_\_\_\_\_

How much federal income tax was paid last year by your parents or yourself if you were not a dependent:

\$ \_\_\_\_\_

Any further information you may have to help us assess your financial need:

Give the name and address of two persons (school superintendent/principal, college dean, or a person who is acquainted with your family and your need for financial assistance, etc.) Do not list a relative and at least one who is **not** a teacher.

1.

2.

***The above is an accurate statement of my financial information.***

## **STATEMENT OF INTENT**

*If awarded a scholarship from the Jackson County Hospital Foundation on behalf of the Grossman Scholarship, I understand that I will be expected to forfeit the scholarship if I do not continue my schooling for any reason. A change in category might void an award. Such change must immediately be reported to the committee for review. I also understand that any money not used for schooling will be returned.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Spouse Signature (if applicable)

\_\_\_\_\_  
Date

### CHECK LIST FOR COMPLETED APPLICATION

Collect and submit to a Grossman Scholarship Committee member by April 1:

- \_\_\_\_\_ Completed application
- \_\_\_\_\_ Personal letter from applicant
- \_\_\_\_\_ Current recommendation from Principal, Counselor, Dean, Professor or Teacher
- \_\_\_\_\_ Current recommendations from two (2) persons who know you well. *(One who is acquainted with your financial status)*
- \_\_\_\_\_ Current transcript of grades with rank where applicable
- \_\_\_\_\_ Schedule personal interview with a committee member (listed below)

***Late packets and/or packets with postage due will be disqualified.***

Grossman Scholarship Committee:

Cheryl Curl  
19608 Rockdale Rd  
Maquoketa, IA 52060  
(563) 249-4700

Kevin McClimon  
32306 387<sup>th</sup> Ave  
Bellevue, IA 52031  
(563) 872-4115

Katie Bopes  
JCRHC, 601 Hospital Drive  
Maquoketa, IA 52060  
(563) 652-7751

***All applications must be received by any of the above by April 1st.***