

**For Foundation Use Only**

App. Rec'd \_\_\_\_\_  
Transcripts Rec'd \_\_\_\_\_  
Copy to Committee \_\_\_\_\_  
Interview Date \_\_\_\_\_  
Interview Time \_\_\_\_\_

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THE WHITE RIVER HEALTH SYSTEM FOUNDATION  
**Bonnie J. Bernard LPN to RN Scholarship**  
**Bonnie J. Bernard LPN to RN Memorial Scholarship**  
**Madelyn Pierce Memorial LPN to RN Scholarship**  
**WRHS Foundation LPN to RN Scholarship**  
**WRHS Board of Directors Memorial Scholarship**

**APPLICATION FORM**

**INSTRUCTIONS:**

- A. All applications must be completed in full. Any applications not completed in full will not be considered. Please type or print in ink and return to: Rachael Fisher, White River Health System Foundation, P.O. Box 2197, Batesville, AR 72503. It is recommended that you keep a copy of your application for your own records.
- B. Each application will be reviewed by a *Selection Committee*, and selected candidates will be invited to an interview. Candidates will be notified of the date and time of the interview via US mail. Candidates will be evaluated for evidence of scholarship and leadership potential and for strength of character and personality.

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**Applicant Data:**

Date: \_\_\_\_\_

Name: (Last, First, Middle) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Message Phone (\_\_\_\_) \_\_\_\_\_

Name of Closest Relative \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

**Anticipated School Costs:**

Tuition \$ \_\_\_\_\_ Fees \$ \_\_\_\_\_ Books \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Additional expenses: \$ \_\_\_\_\_ (for travel and meals, loss of income, or childcare)

**Transcript:**

Every applicant must submit a complete official transcript of high school (or equivalency) *and* any college grades. Transcripts should be mailed directly from school attended to: Rachael Fisher, Foundation Coordinator, White River Medical Center, P.O. Box 2197, Batesville, AR 72503. **Failure to provide transcript prior to application deadline will disqualify applicant.**

**Work Experience:**

Date of successful completion of LPN Boards (if applicable): \_\_\_\_\_

Describe your work experience since obtaining LPN or other Licensure: (Attach a separate sheet of paper if necessary)

<u>Company Name/Address</u>	<u>From - Mo/Yr</u>	<u>To - Mo/Yr</u>	<u>Hours per Week</u>
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**Goals and Aspirations:** (Attach a separate sheet of paper if necessary)

Describe your educational and career objectives and future goals as they pertain to your receiving an LPN, RN or other Licensure.

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**Personal Data:** (Attach a separate sheet of paper if necessary)

Please describe your involvement in service to others (e.g. through church, school, or community related activities.)

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Any comments regarding your personality, character, level of motivation, background, that you feel would provide additional insight into your merit as a candidate. (Attach a separate sheet of paper if necessary)

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**Scholarship Essay:**

Your ability to express yourself well is an important part of the evaluation process. The scholarship essay also provides an opportunity for you to demonstrate your ability to think analytically and creatively. Student essays are expected to vary both in style and substance. Please write an essay of approximately 500 words on the topic: *“what nursing means to you”*.

***Essay should be typed, double spaced in 12 pt. font.***

*This scholarship will be awarded without regard to race, religion, creed, age, sex or national origin.*