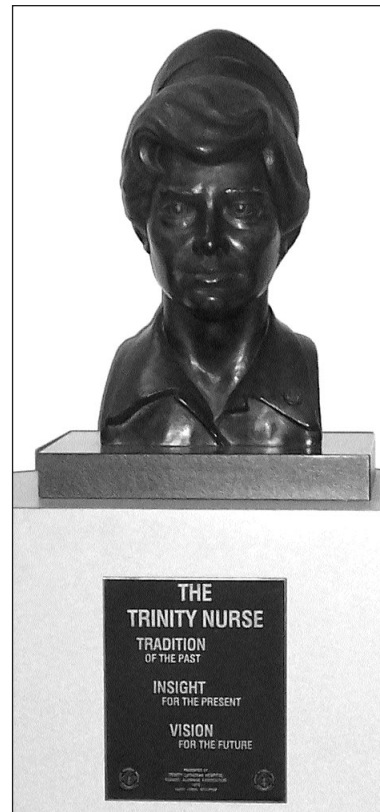


# TRINITY LUTHERAN HOSPITAL SCHOOL OF NURSING ALUMNAE NURSING SCHOLARSHIP FUND

Trinity Lutheran Hospital School of Nursing was committed to providing the highest quality education for nurses for over 65 years. The School of Nursing Alumnae are committed to preserving the history of Trinity Lutheran Hospital School of Nursing and supporting the future of the nursing profession.

The Trinity Lutheran Hospital School of Nursing Alumnae Scholarship fund was established to assist persons who wish to pursue a career in nursing (such as undergraduate, advanced degree, etc.) and need financial assistance.



## THIS SCHOLARSHIP FUND IS PERPETUATED THROUGH THE GENEROSITY OF THE FOLLOWING:

- *The Clara Hagg Tischer Bequest (1930)*
- *The Arthur S. Peck Bequest*
- *The Edith Webster Witmer Bequest (1937)*
- *The Geneva Anderson Nursing Education Fund (1950)*
- *The Bob and Joy Cottrell Charitable Fund (1945)*
- *The Norma Miller Lero Memorial Fund (1951)*
- *The Education and Education Assistance Funds of Baptist-Trinity Lutheran Legacy Foundation*
- *The Florence Gallimore Nursing Fund*
- *The Edwin John Yentzer Trust*
- *Members of the Trinity Lutheran Hospital School of Nursing Alumnae*

# TRINITY LUTHERAN HOSPITAL SCHOOL OF NURSING ALUMNAE NURSING SCHOLARSHIP FUND

## QUALIFICATIONS FOR SCHOLARSHIP

1. Be a student currently enrolled in an accredited RN school of nursing or in an accredited higher education nursing program.
2. Have completed at least one semester at an accredited school.
3. The applicant must be a full or part-time student and the course work must be continuous.
4. Applicants must have a cumulative GPA of 2.5.

*Note: If the recipient does not complete the semester for which the scholarship was awarded, reimbursement of the money will be required.*

## APPLICATION PROCEDURE:

1. Applications for the scholarship must be received by **May 1st**.
2. Each applicant is eligible for one scholarship per semester, if the qualifications are met.
3. Applications may be obtained from the Baptist-Trinity Lutheran Legacy Foundation office, by calling 816-276-7555, or on the website [www.btllf.org](http://www.btllf.org).
4. A copy of the applicant's previous year's official transcript (for previous course work) must accompany this application.
5. Scholarship recipients who apply for second semester assistance will be asked to provide documentation of the successful completion of first semester course work.
6. Renewal of the scholarship is possible each year for those who reapply and meet the criteria.
7. The scholarship will be paid to the school.
8. The number of scholarships and amounts granted will be determined by the Trinity Lutheran Hospital School of Nursing Alumnae Scholarship Committee.
9. All Trinity Scholarship recipients will automatically be considered for the L.A. Hollinger, M.D. Scholarship. For details visit [www.btllf.org](http://www.btllf.org).

# TRINITY LUTHERAN HOSPITAL SCHOOL OF NURSING ALUMNAE SCHOLARSHIP FUND APPLICATION

Name \_\_\_\_\_ Address \_\_\_\_\_  
Last First Middle Street

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

**CURRENT STATUS** : \_\_\_\_\_

\_\_\_\_\_

## **CURRENT/PREVIOUS EDUCATION** (Please attach a list of pertinent course work and grade obtained)

Institution Area of Specialty/Degree Date Graduated

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **PREVIOUS WORK EXPERIENCE** (Past five years – list most current position first)

Employer Dates Position/Specialty

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **PROFESSIONAL OR COMMUNITY MEMBERSHIPS/ACTIVITIES**

Organization Year Position/Activity

\_\_\_\_\_

\_\_\_\_\_

## **REFERENCES**

(Provide three (3) references, which may include, but are not limited to, faculty, counselors or supervisors. Each reference should send a personal letter of reference directly to Baptist-Trinity Lutheran Legacy Foundation, 6675 Holmes Rd., Suite 470 Kansas City, MO 64131.)

Name Address City/State/Zip Phone Years Known Relationship to Applicant

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TRINITY LUTHERAN HOSPITAL SCHOOL  
OF NURSING ALUMNAE  
NURSING SCHOLARSHIP FUND

School/College you currently attend \_\_\_\_\_

Hours of study completed \_\_\_\_\_ Area of study \_\_\_\_\_

Anticipated date of graduation \_\_\_\_\_ Current GPA \_\_\_\_\_

State amount of other scholarships received, tuition reimbursement, etc.

\_\_\_\_\_

**PLEASE ATTACH A ONE-PAGE TYPED STATEMENT WHICH INCLUDES THE FOLLOWING:**

- A. Briefly state your reasons for applying for this scholarship
- B. Future plans relating to your nursing career.

I certify that the above statements are correct to the best of my knowledge. Additional information may be requested at a later date as per the discretion of the scholarship committee. The award will be made with no regard to race, age, sex, disability, religion or national origin. I also understand that should I not maintain a 2.5 GPA, a full or part time student status in a medically-related formal curriculum or drop out of school, I will be obligated to reimburse the fund for all or part of the scholarship monies awarded.

Signature \_\_\_\_\_

Date application submitted \_\_\_\_\_

**SUBMIT APPLICATION, REFERENCES AND ATTACHMENTS TO:**

Baptist-Trinity Lutheran Legacy Foundation  
6675 Holmes Rd., Suite 470 • Kansas City, Missouri 64131  
(816) 276-7555

For more information on this and other scholarships, please visit our website: [www.btlf.org](http://www.btlf.org)