

**UNIVERSITY OF MISSOURI – ST. LOUIS
COLLEGE OF NURSING
Application for Visiting Nurse Association of Greater St. Louis Scholarship
for 2019-2020 Academic Year
to be awarded by
THE HOME HEALTH CARE FOUNDATION**

Deadline for Application: March 1, 2019

To be considered for this scholarship in the amount of \$1,750 awarded by Home Health Care Foundation for the College of Nursing, you must be a junior or senior student (during the 2019-2020) pursuing a degree in the Bachelor of Science - Nursing on a full-time basis, have a minimum cumulative GPA of 3.0, and must demonstrate financial need by filing the FAFSA report with the UMSL Office of Financial Aid by March 1, 2019.

To be considered for the Home Health Care Foundation Scholarship:

- 1. Submit the FAFSA report by March 1, 2019.**
- 2. Fill out the attached scholarship application and submit with one or more faculty recommendations already filled out (in a sealed envelope.)**
- 3. The University will complete the University Comments prior to submitting the Application.**

Attach this cover application to the application materials and submit by March 1, 2019 to:

Warren Gibson
College of Nursing at UM-St. Louis
Nursing Administration Building
1 University Boulevard
St. Louis, Missouri 63121
314-516-6066

For additional information about UMSL and federal and state financial aid, please contact the College of Nursing at the University of Missouri-St. Louis Office at (314) 516 -6066.

**2019-2020 VISITING NURSE ASSOCIATION OF GREATER ST. LOUIS
SCHOLARSHIP APPLICATION
UNIVERSITY OF MISSOURI - ST. LOUIS COLLEGE OF NURSING
to be awarded by
HOME HEALTH CARE FOUNDATION**

The Home Health Care Foundation offers scholarships to College of Nursing students who have completed their first two years of studies and are pursuing a degree in the Bachelor of Science - Nursing on a full-time basis. Applicants must maintain a 3.0 cumulative grade point average. Students who are on academic or professional probation are not eligible to apply for this scholarship. Applicants will be reviewed based upon financial need, academic record, and commitment to the nursing profession. Please type or write neatly in the spaces provided on this page.

Applicant's Name: _____ SS#: _____
 Local Address: _____ City: _____ State: _____ Zip: _____
 Permanent Address: _____ City: _____ State: _____ Zip: _____
 Class Level: _____ Anticipated date of graduation: _____

List any scholarships or grants you have received since you have been at the University of Missouri-St. Louis:

Name of scholarship or grant	Sponsor	Year Received	Amount Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any student loans you have obtained since you have been at the University of Missouri-St. Louis:

Creditor	City, State	Year Received	Unpaid Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List employment for last two years beginning with most current:

Employer	Type of Work	Hours/week	Wage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ANSWERS TO THE FOLLOWING QUESTIONS MUST BE TYPED/PRINTED FROM A COMPUTER AND LIMITED TO 250 WORDS OR LESS FOR EACH RESPONSE.

1. If you received this scholarship, how will it help you?
2. List your extracurricular activities in the University and the community at large. Describe your participation in these activities.
3. Why do you wish to become a nurse? What are your long-range career plans?
4. Please describe the role of nursing care in the future of medicine and how your career goals are consistent with this view.

**FACULTY OR CLINICAL SUPERVISOR RECOMMENDATION FORM
UNIVERSITY OF MISSOURI-ST. LOUIS
COLLEGE OF NURSING
VISITING NURSE ASSOCIATION OF GREATER ST. LOUIS
SCHOLARSHIP APPLICATION**

Applicant _____

1. How well do you know the applicant? ___ Very Well ___ Fairly Well ___ Slightly

2. How long have you known the applicant? _____

3. In what capacity have you known the applicant? _____

4. Please rate the applicant in the following areas: _____

	Poor	Fair	Average	Good	Exceptional	Unsure
Initiative	_____	_____	_____	_____	_____	_____
Self-Discipline	_____	_____	_____	_____	_____	_____
Leadership Ability	_____	_____	_____	_____	_____	_____
Interpersonal Skills	_____	_____	_____	_____	_____	_____
Ethical Conduct/Integrity	_____	_____	_____	_____	_____	_____
Adaptability	_____	_____	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____	_____	_____
Reliability	_____	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____	_____
Sense of Responsibility	_____	_____	_____	_____	_____	_____
Academic Ability	_____	_____	_____	_____	_____	_____

5. Do you believe that this student has the academic strengths to successfully complete a BSN degree?
 ___ Yes ___ No ___ Unsure

6. Recommendations:

- ___ Recommend highly and without reservation.
- ___ Recommend
- ___ Recommend with some reservation.
- ___ Do not recommend.

7. Comments: (Please use this following page for additional comments, or attach a separate Letter of Recommendation.)

Date: _____

Signature

Name (please print)

FACULTY OR CLINICAL SUPERVISOR COMMENTS:

UNIVERSITY COMMENTS
UNIVERSITY OF MISSOURI-ST. LOUIS COLLEGE OF NURSING
VISITING NURSE ASSOCIATION OF GREATER ST. LOUIS
SCHOLARSHIP
to be awarded by
THE HOME HEALTH CARE FOUNDATION

Applicant: _____

CUMULATIVE GRADE POINT AVERAGE: _____

University Comments: _____

