

UNIVERSITY OF MISSOURI – ST. LOUIS
COLLEGE OF NURSING
Application for Visiting Nurse Association of Greater St. Louis Scholarship
for 2010-2011 Academic Year
to be awarded by
THE HOME HEALTH CARE FOUNDATION

Deadline for Application: March 1, 2010

To be considered for this scholarship awarded by Home Health Care Foundation for the College of Nursing, you must be a junior or senior student (during 2010-2010) 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, 2010.

To be considered for the Home Health Care Foundation Scholarship:

- 1. Submit the FAFSA report by March 1, 2010.**
- 2. Fill out the attached scholarship application and submit with faculty recommendation 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, 2010 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.

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 home health care in the future of medicine and how your career goals are consistent with this view.

UNIVERSITY COMMENTS
UNIVERSITY OF MISSOURI-ST. LOUIS COLLEGE OF NURSING
2010 VISITING NURSE ASSOCIATION OF GREATER ST. LOUIS
SCHOLARSHIP
to be awarded by
THE HOME HEALTH CARE FOUNDATION

Applicant: _____

CUMULATIVE GRADE POINT AVERAGE: _____

University Comments: _____

FACULTY OR CLINICAL SUPERVISOR RECOMMENDATION FORM
UNIVERSITY OF MISSOURI-ST. LOUIS
COLLEGE OF NURSING
2010 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: (notable strengths and weaknesses or explanation of above answers; please use following page if necessary.)

Date: _____

Signature

Name (please print)

FACULTY OR CLINICAL SUPERVISOR COMMENTS: