

**UNIVERSITY OF MISSOURI – ST. LOUIS
COLLEGE OF NURSING
Application for Visiting Nurse Association of Greater St. Louis Scholarship
for 2021-2022 Academic Year
to be awarded by
THE HOME HEALTH CARE FOUNDATION**

Deadline for Application: March 1, 2021

To be considered for this scholarship in the amount of **\$5,000** awarded by Home Health Care Foundation for the College of Nursing, you must be a junior or senior student (during the 2021-2022) 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, 2021**.

To be considered for the Home Health Care Foundation Scholarship:

- 1. Submit the FAFSA report by March 1, 2021.**
- 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, 2021 to:

Warren Gibson
College of Nursing at UM-St. Louis
Nursing Administration Building
One 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.

**UNIVERSITY OF MISSOURI - ST. LOUIS COLLEGE OF NURSING
 2021-2022 VISITING NURSE ASSOCIATION OF GREATER ST. LOUIS
 SCHOLARSHIP APPLICATION
 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. What do you see as the most important issues facing students entering the nursing field today?
2. What values do you believe are most critical to work effectively in nursing?
3. Discuss how you have been able to demonstrate/strengthen one of these values in your own life, or discuss a situation in which you were challenged to maintain or demonstrate that value in your own life.
4. How has your academic, work, and volunteer experience prepared you for your future as a nurse?

**FACULTY OR CLINICAL SUPERVISOR RECOMMENDATION FORM
 UNIVERSITY OF MISSOURI - ST. LOUIS COLLEGE OF NURSING
 2021-2022 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
2021-2022 VISITING NURSE ASSOCIATION
OF GREATER ST. LOUIS SCHOLARSHIP
to be awarded by
THE HOME HEALTH CARE FOUNDATION

Applicant: _____

CUMULATIVE GRADE POINT AVERAGE: _____

University Comments: _____
