

**UNIVERSITY OF MISSOURI – ST. LOUIS  
COLLEGE OF NURSING  
Application for Visiting Nurse Association of Greater St. Louis Scholarship  
for 2024-2025 Academic Year  
to be awarded by  
THE HOME HEALTH CARE FOUNDATION**

**Deadline for Application: March 15, 2024**

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 the 2024-2025) 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 15, 2024**.

**To be considered for the Home Health Care Foundation Scholarship:**

- 1. Submit the FAFSA report by March 15, 2024.**
- 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 15, 2024 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.*

**UNIVERSITY OF MISSOURI - ST. LOUIS COLLEGE OF NURSING**  
**VISITING NURSE ASSOCIATION OF GREATER ST. LOUIS**  
**2024-2025 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 St. Louis University:

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

List any student loans you have obtained since you have been at St. Louis University:

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. Tell us about yourself and what inspired you to become a nurse.
2. Who is your role model?
3. What do you see as the impact of COVID-19 on the nursing profession, and on your future in nursing?
4. What does being a nurse mean to you?

**FACULTY OR CLINICAL SUPERVISOR RECOMMENDATION FORM  
UNIVERSITY OF MISSOURI - ST. LOUIS COLLEGE OF NURSING  
VISITING NURSE ASSOCIATION OF GREATER ST. LOUIS  
2024-2025 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)

**(PLEASE NOTE: THESE COMMENTS AND EVALUATIONS ARE VERY  
IMPORTANT IN MAKING THE SELECTION OF THE SCHOLARSHIP RECIPIENTS)**

**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: \_\_\_\_\_

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