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:

<table>
<thead>
<tr>
<th>Name of scholarship or grant</th>
<th>Sponsor</th>
<th>Year Received</th>
<th>Amount Received</th>
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</table>

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

<table>
<thead>
<tr>
<th>Creditor</th>
<th>City, State</th>
<th>Year Received</th>
<th>Unpaid Balance</th>
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</table>

List employment for last two years beginning with most current:

<table>
<thead>
<tr>
<th>Employer</th>
<th>Type of Work</th>
<th>Hours/week</th>
<th>Wage</th>
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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:

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Poor</th>
<th>Fair</th>
<th>Average</th>
<th>Good</th>
<th>Exceptional</th>
<th>Unsure</th>
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<tbody>
<tr>
<td>Self-Discipline</td>
<td>_____</td>
<td>_____</td>
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<td>Leadership Ability</td>
<td>_____</td>
<td>_____</td>
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<td>Interpersonal Skills</td>
<td>_____</td>
<td>_____</td>
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<td>Ethical Conduct/Integrity</td>
<td>_____</td>
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<td>Adaptability</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
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<td>Quality of Work</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
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<td>_____</td>
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<td>Reliability</td>
<td>_____</td>
<td>_____</td>
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<td>Cooperativeness</td>
<td>_____</td>
<td>_____</td>
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<td>Sense of Responsibility</td>
<td>_____</td>
<td>_____</td>
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<td>_____</td>
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<td>Academic Ability</td>
<td>_____</td>
<td>_____</td>
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</tbody>
</table>

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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