UNIVERSITY OF MISSOURI – ST. LOUIS
COLLEGE OF NURSING
Application for Visiting Nurse Association of Greater St. Louis Scholarship
for 2022-2023 Academic Year
to be awarded by
THE HOME HEALTH CARE FOUNDATION

Deadline for Application: March 1, 2022

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 2022-2023) 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, 2022.

To be considered for the Home Health Care Foundation Scholarship:

1. Submit the FAFSA report by March 1, 2022.

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, 2022 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
2022-2023 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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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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<tbody>
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List employment for last two years beginning with most current:

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<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, and why?

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  
2022-2023 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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<tr>
<td>Self-Discipline</td>
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<td>Leadership Ability</td>
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<td>Interpersonal Skills</td>
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<td>Ethical Conduct/Integrity</td>
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<td>Adaptability</td>
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<td>Quality of Work</td>
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<td>Reliability</td>
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<td>Cooperativeness</td>
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<td>Sense of Responsibility</td>
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<td>Academic Ability</td>
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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: __________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

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_____________________________________________________