

## Carol J. Kenagy Nursing Education Scholarship OVERVIEW & ELIGIBILITY

<b>PURPOSE</b>	To provide assistance to a Legacy Silverton Medical Center nurse seeking professional development through nursing degree advancement.
<b>SCHOLARSHIP AMOUNT</b>	\$ 1,000
<b>ELIGIBILITY FOR SELECTION</b>	<ul style="list-style-type: none"><li>• Legacy Silverton Medical Center nurse employed in good standing with no disciplinary action in the prior 12 months.</li><li>• OSBN, RN active status without disciplinary action.</li><li>• Enrolled or accepted for enrollment in a professional accredited nursing degree program (baccalaureate, graduate) in the US.</li><li>• Applicant must complete essay question. (see <i>application</i>)</li><li>• Scholarship finalists will be interviewed by the Nursing Scholarship Committee.</li><li>• Financial need will be considered but this is NOT a “need-based only” scholarship.</li></ul>
<b>APPLICATION PROCESS</b>	<ul style="list-style-type: none"><li>• Applications are available online at <a href="http://www.legacyhealth.org/scholarships">www.legacyhealth.org/scholarships</a> or through the Silverton Health Foundation, 503.413.6955, <a href="mailto:kkrause@lhs.org">kkrause@lhs.org</a>.</li><li>• Applications and support materials must be received by July 10, 2020.</li><li>• Scholarship recipients will be notified by mail a/o email.</li><li>• Recipients may be eligible to apply again.</li></ul>

## Carol J. Kenagy Nursing Education Scholarship APPLICATION PAGE 1

I wish to apply for financial assistance from the Carol J. Kenagy Nursing Education Scholarship Fund. I understand the scholarship aids Legacy Silverton Medical Center employed nurses continuing or completing a nursing degree above an associate degree. I understand any monetary award will be paid to the school on my behalf.

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Last completed degree \_\_\_\_\_

Name of educational institution funds are requested for \_\_\_\_\_

Program Name \_\_\_\_\_ GPA (if currently enrolled) \_\_\_\_\_

University Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Term Start Date: \_\_\_\_\_

When did/will you start this program? \_\_\_\_\_

When do you expect to complete your degree? \_\_\_\_\_

Have you been awarded this scholarship before? \_\_\_\_\_

If yes, in what year(s) and how much funding did you receive? \_\_\_\_\_

Has LEAP approved your 2020 term coursework? \_\_\_\_\_

## Carol J. Kenagy Nursing Education Scholarship APPLICATION PAGE 2

The following information must be included with your application.

1. An enrollment certificate substantiating your enrollment in a nursing academic program.
2. A 300-500 word essay (*typed*) attesting to your nursing professional goals, academic aspirations and your current and future contribution to nursing practice.
3. Two written references from your peers, other healthcare professionals or instructors familiar with your academic or clinical practice. References must be included with your application and received by the July 10, 2020 deadline. (*Reference request forms are included with this application.*)

Individuals submitting references on your behalf

1. \_\_\_\_\_
2. \_\_\_\_\_

I have read, understand and agree to the requirements of the application process.

\_\_\_\_\_  
Applicant Signature/Date

Legacy Silverton Medical Center does not discriminate based on age, race, sex, religion, disability status or sexual preference. All applicants will be considered equally and judged based on the merits of their application and essay. The Silverton Health Foundation Scholarship Committee has complete and total discretion to select scholarship recipients.

### RETURN COMPLETED APPLICATION AND REFERENCES TO:

Mail: Silverton Health Foundation, PO Box 4484, Portland, OR 97208-4484

Inter-Office Mail: Kristine Krause, Philanthropy – Overton

E-mail: [kkrause@lhs.org](mailto:kkrause@lhs.org)

Questions: 503.413.6955

## **Carol J. Kenagy Nursing Education Scholarship APPLICATION REFERENCE GUIDELINES**

Full applicant name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Applicant's submission deadline with references is July 10, 2020.**

The person above has requested a written reference to accompany their scholarship application.

The information you contribute is vital to the Nursing Education Scholarship Committee's review. Please address areas that apply specifically to the applicant's nursing acumen and professionalism, plus any other information that might be of benefit to the committee. When finished, please forward the completed form to the applicant for inclusion in their scholarship packet. If you wish, to insure confidentiality, place this form in an envelope, label with the applicant's name, and sign the envelope across the seal.

Thank you for your time and prompt assistance.

## **Carol J. Kenagy Nursing Education Scholarship APPLICATION REFERENCE GUIDELINES**

Full applicant name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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## Carol J. Kenagy Nursing Education Scholarship APPLICATION CHECKLIST

--- OFFICIAL USE ONLY ---

Applicant's full name (please print): \_\_\_\_\_

- Completed application and enrollment certificate
- Essay question
- References
- HR file audit
- OSBN Licensure audit

Amount approved \$: \_\_\_\_\_

### Authorization to release scholarship funds:

\_\_\_\_\_

Scholarship Committee Chair / Date

Student ID: \_\_\_\_\_

Check payable to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_