LEGACY HEALTH

Silverton Health Foundation

Carol J. Kenagy Nursing Education Scholarship

In memory of Carol J. Kenagy, RN and through the wonderful generosity of our donors, Silverton Health Foundation is able to offer continuing education scholarships for Legacy Silverton staff pursuing nursing degrees.

The Carol J. Kenagy Nursing Education Scholarships will be awarded on an annual basis. Applications are due in July and are approved for the September 2026-August 2027 terms. All clinical programs are eligible and encouraged to apply.

Amount of Award:	up to $5,000 annually	***Submission Deadline:***	July 20, 2026
Number of Awards:	2-3	***Recipients Notified By:***	August 2026
		Awards Checks Mailed:	September 2026

Eligibility

Candidates must meet the following criteria to apply:

- Current employee at Legacy Silverton Medical Center in good standing.
- Accepted to/enrolled in a program leading to a Bachelor of Science in Nursing (BSN) or Master of Science in Nursing (MSN) degree.
- Students finishing an Associate Degree in Nursing (ADN) may be considered if they are enrolled in an ADN to BSN bridge program.
- Doctor of Nursing Practice (DNP) degrees are only eligible if the individual plans to remain in nursing (as opposed to a prescribing provider.) However, BSN and MSN students will be given priority over doctoral candidates.
- Family Nurse Practitioner (***FNP) degrees are NOT eligible.***

Financial need will be considered but this is NOT a “need-based only” scholarship.

Part-time employees may receive pro-rated awards.

Multiple Awards

While priority will be given to applicants who have not yet received a scholarship award, employees who have previously received an award may apply again in a future year(s).

LEGACY HEALTH

Silverton Health Foundation

Carol J. Kenagy Nursing Education Scholarship

APPLICATION

Applicants must submit the following application for evaluation by the selection committee via email to Kristine Krause, kkrause@lhs.org, or mail to Kristine Krause, Silverton Health Foundation, PO Box 4484, Portland, OR 97208, with the subject line "Kenagy Nursing Education Scholarship", received no later than July 20, 2026.

Candidates must type their application using this form to be considered.

Name_____

Address_____
Street City State Zip

Phone_____ Email_____

Employee ID#_____ Cost Center_____ Supervisor Name_____

Hospital department of employment_____ Position_____

Are you full time or part time? Please list your FTE status: _____

Length of employment with Legacy Silverton Medical Center_____

Length of employment with Legacy Health _____

Last completed degree_____

Name of educational institution funds are requested for_____

Program Name _____ Cumulative 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?_____

Will you apply to Legacy's Education Assistance Program* for your September 2026-August 2027 coursework? _____

*$1,000 for 0.6-0.89 FTE/$2,000 0.9-1.0 FTE annually. Details on the intranet: Education Assistance Program

Personal Statement of Financial Status:

How many credit hours do you intend to take September 2026-August 2027?	
Tuition cost per credit hour:	x $
Expected total annual tuition cost:	$
Expected Legacy Education Assistance Program reimbursement:	- $
Other scholarships or tuition assistance expected?	- $
Remaining balance:	**= $**

Please provide a brief statement generalizing your financial status. Consider how you plan to finance your education. If applicable, include details about your family's financial situation such as the number of family members currently pursuing post-secondary education or other important considerations. Please indicate if you have received other financial aid or scholarships, and from what source.

Essay Questions – *Responses must be 250-500 words.*

Explain 1) your desire to further your education, your career goals and any special interests you may have; 2) how furthering your education will positively impact patient care at Legacy Silverton; and 3) why you should be awarded the scholarship.

Explain 1) what you have done for Legacy Silverton to improve the quality of clinical care; 2) how you have contributed to the success of your unit/dept/hospital in quality, finance, employee engagement, patient experience, etc.

CERTIFICATION

Applicant:

I hereby certify that all the information provided in and with this application is true and accurate. Further, I certify that my own ideas and work product are set forth in this application.

_____ _____

Applicant's Signature Date

Supervisor:

I hereby certify that this applicant is in good employment standing and has supervisor approval to apply for Silverton Health Foundation Carol J. Kenagy Nursing Education Scholarship funds.

_____ _____

Supervisor's Signature Date

_____

Supervisor's Printed Name

Check List

- ☐ Completed Application – signed by applicant and dated
- ☐ Supervisor Approval Signature
- ☐ Two Professional Reference Letters (Can be from supervisor/manager, peer, other healthcare professional or instructor familiar with your academic or clinical practice.)
- ☐ Program Enrollment Certificate
- ☐ Transcripts, if currently enrolled – unofficial copy OK

Scholarship recipients will be notified in August 2026. Award checks will be mailed directly to the educational institution in September 2026.