**HELENA HEALTH FOUNDATION NURSING SCHOLARSHIP PROGRAM**

**APPLICATION 2022**

The Helena Health Foundation (HHF) Nursing Scholarship Program was established in to increase the number of advanced degree nurses in Phillips County. The HHF Scholarship is awarded to a registered nurse who resides in Phillips County and has been accepted into an advanced degree nursing program.

If you receive other scholarships, monetary awards or grants for the semester to be covered by this scholarship, you are not eligible to apply. A commitment to complete your program of study within 2 years is required. A commitment to work full time in Phillips County for 2 years after program completion is also required. Failure to comply with your commitments will result in being required to repay your scholarship award to the Helena Health Foundation.

**GENERAL INFORMATION**

**YOUR NAME: (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YOUR MAILING ADDRESS STREET OR P.O. BOX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHYSICAL ADDRESS IF DIFFERENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY/STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CELL PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME/WORK/OTHER NUMBER WHERE YOU MAY BE REACHED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOW LONG HAVE YOU LIVED IN PHILLIPS COUNTY? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YOUR CURRENT EDUCATION AND EXPERIENCE**

**CURRENT DEGREE: \_\_\_\_\_RN \_\_\_\_\_RNP \_\_\_\_\_BSN \_\_\_\_\_BSN \_\_\_\_\_MSN**

**INSTITUTION WHERE YOU RECEIVED CURRENT DEGREE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YEAR YOU RECEIVED CURRENT DEGREE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CURRENT EMPLOYMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
ADDRESS, PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WHEN DID THIS EMPLOYMENT START? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OTHER EMPLOYMENT PERTINENT TO YOUR CAREER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

APPLICATION CONTINUED

**YOUR EDUCATION GOAL**

**INTENDED PROGRAM OF STUDY: \_\_\_\_\_RN-RNP \_\_\_\_\_RN-BSN \_\_\_\_\_BSN-MSNc \_\_\_\_\_MSNc-DNP OTHER (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INSTITUTION OF LEARNING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**START SEMESTER/MONTH/YEAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLANNED COMPLETION OF DEGREE: MONTH/YEAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AMOUNT REQUESTING PER HOUR/PER SEMESTER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The returned completed application packet **must** contain:

1. This completed application, signed and dated
2. Proof of current nursing licensure from Arkansas State Board of Nursing
3. Advising form (designating intended semester/classes, start dates, hours, and cost)
4. Notarized Scholarship Commitments Form
5. Acceptance letter from the institution of learning
6. Two letters of reference
7. Proof of residency in Phillips County (Ex: driver’s license, utility bill, etc.)

The applicant **must** return the completed application packet to Helena Health Foundation at the earliest possible time. The completed packet will then be reviewed by a committee appointed by the Helena Health Foundation. Voting on your application will take place at the next HHF Board meeting, which takes place the second Thursday of each month. If awarded, scholarship money will be mailed directly to the Treasurer’s Office of your institution.

Scholarships are awarded on a semester (set of classes) basis**. You must reapply prior to each semester**. A reapplication packet is available from Helena Health Foundation.

We appreciate your commitment to continuing your education and working in Phillips County.

YOUR SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_