



HELENA HEALTH FOUNDATION NURSING SCHOLARSHIP PROGRAM
APPLICATION 2023

The Helena Health Foundation (HHF) Nursing Scholarship Program was established 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 two years is required. A commitment to work full-time in Phillips County for two 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(Please check one): _____ RN-RNP _____ RN-BSN _____ BSN-MSNc
_____ MSNc-DNP _____ OTHER (specify):

INSTITUTION OF LEARNING: _____

START SEMESTER/MONTH/YEAR: _____

PLANNED COMPLETION OF DEGREE: MONTH/YEAR: _____

AMOUNT REQUESTED 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 the 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 as soon as possible. The completed packet will then be reviewed by a committee appointed by the Helena Health Foundation. Scholarship approvals will be on a rolling basis. If awarded, the Executive Director or a board member will contact you to notify you of your approval. 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 before each semester.** Please submit this application to Helena Health Foundation Executive Director at lisapolk5@gmail.com and Scholarship Board Chair Jimmy Lou Brandon at jimmyloubr@gmail.com.

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

YOUR SIGNATURE: _____

DATE: _____