



HELENA HEALTH FOUNDATION NURSING SCHOLARSHIP PROGRAM REAPPLICATION 2022

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 working 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.

YOUR NAME: (print) _____

CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

ANY CHANGES TO ADDRESS OR OTHER NUMBERS ON FILE? IF YES, NOTE HERE: _____

CURRENT EMPLOYMENT, PHONE NUMBER AND ADDRESS: _____

PROGRAM OF STUDY: ___ RN-RNP ___ RN-BSN ___ BSN-MSNc ___ MSNC-DNP

OTHER (specify): _____

INSTITUTION OF LEARNING: _____

SEMESTER (SET OF CLASSES) APPLYING FOR: _____

AMOUNT REQUESTING PER HOUR, PER SEMESTER _____

LAST SEMESTER CLASSES COMPLETED AND GRADES REPORT _____

ANY PROBLEMS: _____

PLANNED COMPLETION OF DEGREE MONTH/YEAR: _____

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

1. This completed reapplication, signed and dated
2. Proof of current licensure, name, phone number and address of current employer.
3. Advising form (designating intended semester/classes/start dates, hours and cost)
4. Notarized Scholarship Commitments Form



REAPPLICATION CONTINUED

The applicant **must** return the completed application packet to Helena Health Foundation immediately.

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 Lisa Polk 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: _____