

## VERDA A. LANE NURSING SCHOLARSHIP APPLICATION

Clara Barton Foundation Board has established a “Verda A. Lane Nursing Scholarship” at the request of her family, to assist students in their academic pursuit to become an RN, LPN or BSN.

### CRITERIA FOR SELECTION

- 1.) Applicant must be admitted to a nursing program, either RN, LPN or BSN. The scholarship will not fund pre-nursing students.
- 2.) Applicant must have a current GPA of 3.0 or better.
- 3.) To retain eligibility the applicant must maintain a 3.0 GPA.
- 4.) Submit a short essay on your future career plans and why you have chosen this career to pursue.

### APPLICATION DEADLINE APRIL 1

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**Section A**

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Please provide the name and address of a relative or friend **at a different address** who will always know how to contact you.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

City State Zip

## Section B

### COLLEGE OR SCHOOL YOU PLAN TO ATTEND:

Complete Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Have you been admitted to this program? \_\_\_\_ Yes \_\_\_\_ No  
(Attach your acceptance letter into the program from the Nursing Department with this application)

Initial date of enrollment: \_\_\_\_\_

Anticipated date of graduation: \_\_\_\_\_

### COMMITMENT

If awarded a scholarship, I'll agree to sign a marketing-authorization for release of information form and supply the Foundation with a current picture. (*The Foundation will include your picture and information in its publications and correspondences with donors who support the endowment.*)

I hereby attest that I am or will be enrolled in an accredited RN or LPN nursing program.

I declare that this essay is my own work, and that all the information in my application is, to the best of my knowledge, correct.

Date \_\_\_\_\_ Signature \_\_\_\_\_

In order for your scholarship application to be complete you must submit:

1. This completed application. **Please do not staple the application!**
2. Copy of your High School and Pre-Nursing School grade transcript.
3. Copy of your letter of acceptance into the nursing program from the Nursing Department.
4. A short essay on your future career plans and why you have chosen this career to pursue. **Essay must be typed in size 12 Times New Roman font.**

**The application form and personal essay should be completed only by the applicant.**

**Mail completed applications to:**

**Clara Barton Foundation**

**PO Box 25**

**Hoisington, KS 67544**

**620-653-5012**

**[www.clarabartonhospital.com](http://www.clarabartonhospital.com)**