St. Francis Hospital Foundation

Robert J. Stoll and Lorena A. Stoll Scholarship Application

Application Deadline –July 15th

APPLICANT INFORMATION			
Last Name:	First Name:		Middle Initial:
Maiden Name/Other Names Used:		SSN#:	
Address:		Telephone (home): ( )	
City:	State:	Zip:	County:
E-mail:		Telephone (cell): ( )	
How long have you lived at your address?			
Are you eligible to work at St. Francis for one year following graduation? ☐ Yes ☐ No			
How did you learn about the Robert J. Stoll and Lorena A. Stoll Scholarship?			

PROGRAM TYPE			
Indicate the program in which you are enrolled.			
☐ LPN Certificate		☐ Associate Degree Nursing (ADN)	
☐ Bachelor of Science Degree Nursing (BSN)		☐ Master of Science Degree Nursing (MSN)	
PLEASE SUBMIT AN **ORIGINAL TRANSCRIPT** WITH THIS APPLICATION FOR EACH PRIOR ACADEMIC INSTITUTION ATTENDED. IF YOU HAVE A GED, INCLUDE THE **ORIGINAL TRANSCRIPT** WITH SIGNATURE.			
Circle the highest grade completed: **High School:** 9 10 11 12 **GED** **College:** 1 2 3 4			
High School Attended and Location:			Graduation Date:
Technical/Vocational School Attended and Location:		Dates Attended:	Degree Earned:
College/University Attended and Location:	Dates Attended/Hours:	Graduation Date:	Degree Earned:
**** IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SEPARATE SHEET. ****			

ENROLLMENT VERIFICATION			
Name of Nursing program in which you are enrolled:	Address:		
Contact Person:	Title of Contact Person:		Telephone: ( )
Current Year in the Program:	Academic Year:	Program Start Date:	Cost per semester?
APPLICANT MUST SHOW EVIDENCE OF ACCEPTANCE INTO THE NURSING PROGRAM AND SHOW PROOF OF ENROLLMENT IN A NURSING CLASS.			

All information is confidential and for programmatic purposes only.

EMPLOYMENT		
Are you currently employed? ☐ Yes ☐ No	Start Date:	Do you plan to remain with this employer? ☐ Yes ☐ No
If yes, name and address of employer:		May we contact you at work? ☐ Yes ☐ No Work Phone: ( )

FINANCIAL RESOURCES
Indicate how you plan to pay expenses: (check all that may apply) ☐ Family support ☐ Summer earnings ☐ Financial aid ☐ Employment ☐ Other _____
Number of people in your family: # of Adults ____ # of Children ____, Ages _____ # Attending College ____
Other financial considerations which need to be noted:
Please list scholarships you know you will receive:

PERSONAL STATEMENT
On a separate sheet, submit a personal statement describing your commitment to the profession of nursing in your community. This statement is not to exceed one single-spaced typewritten page. **Please also attach a listing of health care activities you have been involved with.** *(It is important for the selection committee to have this information from all applicants.)*
APPLICATIONS MUST BE HAND DELIVERED OR POSTMARKED BY JULY 15TH. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. QUESTIONS REGARDING THE APPLICATION AND SELECTION PROCESS SHOULD BE DIRECTED TO ST. FRANCIS HOSPITAL FOUNDATION AT 660/562-7933 or email at Rita_Miller@ssmhc.com.**
I certify that the information contained in this application is true, complete and correct to the best of my knowledge, and that all funds will be used for educational-related expenses in the current academic year. I hereby authorize the release of personal, scholastic and financial information related to my educational status from any academic institution I have attended in the past, am currently enrolled or may be enrolled as a student in the future, to the St. Francis Hospital Foundation's Scholarship Committee.

Signature of Applicant:	Date:

NOTE: *The Robert J. Stoll and Lorena A. Stoll Scholarship program is a competitive process, and all eligible applications will be evaluated. One scholarship will be awarded in the amount of $2,000, with an alternate $1,000 scholarship awarded should funds be available, each year.*

The* Robert J. Stoll and Lorena A. Stoll *Scholarship application must be completed in its entirety in order for the applicant to be eligible for consideration. Completed application should be sent to:

Rita Miller
St. Francis Hospital Foundation
2016 South Main Street, Maryville, MO 64468

All information is confidential and for programmatic purposes only.