



# IDAHO COMMUNITY FOUNDATION

## Idaho Nursing and Health Professions Scholarship Fund

**Deadline: March 15th**

| <u>Who Can Apply?</u>  | <u>Required Application Materials</u>  |
|--|--|
| <ul style="list-style-type: none"><li>• Student accepted into an Idaho accredited nursing or health professions program, including but not limited to respiratory therapy, physical therapy, etc.;</li><li>• Demonstrated financial need as documented on the standard FAFSA report;</li><li>• Preference given to students in the top third of the academic ranking of the class.</li></ul> | <ul style="list-style-type: none"><li>• Copy of your most recent college transcript;</li><li>• A written statement (1-3 pages in length) addressing the following:<ul style="list-style-type: none"><li>o Educational, career goals and objectives including why you chose nursing or a health profession as your career path;</li><li>o Extra-curricular activities, volunteerism, awards, honors, and/or offices held;</li><li>o Work experience and if you plan to work while attending college;</li><li>o Why you should be selected for this scholarship;</li></ul></li><li>• Full Copy of FAFSA Report;</li><li>• One letter of reference from higher educational institution you are attending.</li></ul> |

### Application Instructions:

- Complete pages 1 & 2 of this application and attach the *Required Application Materials* listed above.
- **Combine ALL materials into a single PDF attachment.** Google docs will not be accepted.
- Email completed PDF applications to [scholarships@idahocf.org](mailto:scholarships@idahocf.org) *no later than 11:59pm MST on March 15th.* Late/Incomplete applications will not be considered.

### **APPLICANT INFORMATION**

Your Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Permanent Address (if different than above): \_\_\_\_\_

Personal Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### **SCHOOL INFORMATION**

High School Name: \_\_\_\_\_

City/State: \_\_\_\_\_

High School Cumulative GPA: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Post-secondary Institution Name: \_\_\_\_\_

Have you been accepted? \_\_\_\_\_

Estimated annual cost of attendance: \_\_\_\_\_

College Cumulative GPA (if applicable): \_\_\_\_\_

What field do you plan to study? \_\_\_\_\_

Number of credits completed towards degree: \_\_\_\_\_

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

### **CERTIFICATION**

By submitting this application (written or electronically) I consent to the gathering, use and releasing of my information by the Idaho Community Foundation as it relates to the funding of the scholarships. I understand the information is needed for the purpose of the scholarship payments and for normal business operations of the agency. This consent is valid for three years from the date signed, unless I revoke this consent, in writing, to the extent of the information already shared. I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature (Typed or Written) \_\_\_\_\_

Date \_\_\_\_\_

**If selected for a scholarship, you will be notified by email.**

### **Questions?**

Email [scholarships@idahocf.org](mailto:scholarships@idahocf.org) or call (208)342-3535.