



## **Gonzales Healthcare Systems Foundation**

### **Lora Tschappatt Memorial Nursing Scholarship**

Gonzales Healthcare Systems Foundation would like to offer a Nursing Scholarship to honor the memory of our friend and colleague, Lora Tschappatt to residents of Gonzales County. Lora's thirst for knowledge and genuine interest in providing healthcare to others led her to earning a certification as a Registered Nurse, a Bachelor of Science in Nursing degree, a Masters in Science Nursing degree and in 2007 Lora became a Nurse Practitioner and began a wonderful career caring for others through the Sievers Medical Clinic. Lora was a selfless and caring person who always put the needs of others before her own. This scholarship is available to persons interested in obtaining licensure as an LVN, Registered Nurse or Advanced Nurse Practitioner. Any person interested in applying for this scholarship, must submit the following information:

1. Resume
2. High School Transcript/GED
3. Letter of Intent which includes why you would like to become a nurse
4. Proof of Registration from accredited institution in the health field
5. Approximate cost of educational program
6. Educational plan
7. References from:
  - a. Teacher
  - b. Community Member

Once the required information is obtained, an appointment will be made to go before the Scholarship Committee. The committee will interview all applicants and determine which applicants best meet the scholarship ideals of the Lora Tschappatt Scholarship committee. All scholarship applicants will be notified of the results as soon as possible. This scholarship will be offered annually. For further information please contact Kelly A. Lindner, at 830-672-7581 Ext. 1005.

**Deadline to Apply is March 31, 2018**

## BACKGROUND INFORMATION

### Personal Information

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

Permanent Physical / Street Address: \_\_\_\_\_

Permanent Mailing Address / P.O. Box (if applicable): \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Permanent Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ County: \_\_\_\_\_

Physical / Street Address while in School: \_\_\_\_\_

Mailing Address / P.O. Box while in School (if applicable): \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Education Information

#### HIGH SCHOOL INFORMATION:

High School Attending / Attended: \_\_\_\_\_

Physical/Street Address \_\_\_\_\_

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

City, State, and Zip: \_\_\_\_\_ County: \_\_\_\_\_

Graduation Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ Overall Average Grade: \_\_\_\_\_

GED Received: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

#### COLLEGE INFORMATION:

College Attending or Most Recently Attended: \_\_\_\_\_

Physical / Street Address: \_\_\_\_\_

Mailing Address / P.O. Box (if applicable) Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Status (check one):  Full-Time  Part-Time Total Credit Hours Earned: \_\_\_\_\_

Graduation Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

If Not Graduated, Last Semester Attended: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

### Activities and Community Service

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Awards, Activities, and Community Service

**Academic awards:** List high school academic awards and honors.

Name of award	Date received	Purpose of award
_____	__/__/__	_____
_____	__/__/__	_____
_____	__/__/__	_____
_____	__/__/__	_____
_____	__/__/__	_____
_____	__/__/__	_____

**Extra-curricular activities:** List high school extracurricular activities other than employment. Include names of athletic activities, and clubs.

Name of activity	Office held	Dates
_____	_____	__/__/__
_____	_____	__/__/__
_____	_____	__/__/__
_____	_____	__/__/__
_____	_____	__/__/__

**Community service:** List any community or volunteer service you have performed.

Name of award	Date performed	Purpose of service
_____	__/__/__	_____
_____	__/__/__	_____
_____	__/__/__	_____
_____	__/__/__	_____
_____	__/__/__	_____

# Letter of Intent

Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

\_\_/\_\_/\_\_

Date Signed

**LETTERS OF RECOMMENDATION**

ATTACH LETTERS OF RECOMMENDATION TO THIS APPLICATION FOLLOWING THIS PAGE. (*Minimum two*)

Letters of recommendation are sent to and attached by the *nominee*. After this section is completed, the *nominee* submits the Application. Letter of recommendation must be typed on letterhead or plain white letter size paper. Writers must address the following in their letters:

- How long and in what capacity they have known the nominee.
- What characteristics make this individual a good candidate for recognition?
- Why they think the nominee should be recognized for the Lora Tschappatt Memorial Nursing Scholarship.

## **HEALTH CARE ACADEMIC PROGRAM INFORMATION**

### **Degree Plan**

**First Year:** \_\_\_\_\_

Course Name	Course Number	Credit Hours
Total Credit Hours 1st Yr:		

**Second Year:** \_\_\_\_\_

Course Name	Course Number	Credit Hours
Total Credit Hours 2nd Yr:		

**COST OF ATTENDANCE**

**INSTITUTION INFORMATION:**

Academic Program in which Student is enrolled: \_\_\_\_\_

Name of Academic Institution: \_\_\_\_\_

Physical / Street Address: \_\_\_\_\_

Mailing Address / P.O. Box (if applicable): \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Name and Title of Financial Aid Officer: \_\_\_\_\_

Financial Aid Officer Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Anticipated Graduation Date: \_\_/\_\_/\_\_

ALLOWABLE COSTS	Fall	Spring	Summer
	Tuition due date: __/__/__	Tuition due date: __/__/__	Tuition due date: __/__/__
Tuition & Fees	\$	\$	\$
Books & Supplies	\$	\$	\$

\_\_\_\_\_  
Signature of Financial Aid Advisor      Typed Name and Title      Date Signed