



Gonzales Healthcare Systems Foundation

Hannah Siepmann Deschner Nursing Scholarships

Gonzales Healthcare Systems Foundation would like to offer a Nursing Scholarship in honor of Hannah Siepmann Deschner to residents of Gonzales and surrounding communities. This scholarship is available to persons interested in obtaining Registered Nurse, Nurse Practitioner or a Bachelor of Science or Master of Science in Nursing or a closely related field and becoming an employee of Gonzales Healthcare Systems after licensure. Any person interested in applying for this scholarship, please submit the following information to Kelly Lindner at Gonzales Healthcare Systems Foundation:

1. Resume
2. High School Transcript/GED
3. Letter of Intent which includes:
 - a. Why you would like to become a nurse
 - b. Career Goals
 - c. Your intentions after you obtain your degree
4. Acceptance letter from nursing school
5. Approximate cost of educational program
6. Educational plan
7. References from:
 - a. Teacher
 - b. Community Member
 - c. Personal Reference

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 goals of Gonzales Healthcare Systems Foundation. 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 Lindner, at 830-672-7581 Ext. 1005.

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: _____

Please include why you would like to become a nurse, what your nursing goals are, and what your intentions are after you begin your nursing Career.

Signature

Typed Name

___/___/___

Date Signed

LETTERS OF RECOMMENDATION

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

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 Gonzales Healthcare Systems 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 Tuition due date: __/__/__	Spring Tuition due date: __/__/__	Summer Tuition due date: __/__/__
Tuition & Fees	\$	\$	\$
Books & Supplies	\$	\$	\$

Signature of Financial Aid Advisor

Typed Name and Title

____/____/____
Date Signed