



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 beloved colleague, Lora Tschappatt to residents of Gonzales, Lavaca and Caldwell 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: Applications must be emailed to klindner@gonzaleshealthcare.com Deadline is March 31, 2021.

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, 2021

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 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