



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 and surrounding communities. 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 offered once a year, for the fall semester, and is available to persons interested in obtaining licensure as a Licensed Vocational Nurse, Registered Nurse, Advanced Nurse Practitioner, or a Bachelor of Science or Master of Science in Nursing. Applicants are eligible to receive this scholarship one time per degree level. Three scholarships will be awarded, in amounts to be determined each year by the Scholarship Committee. Awards will be made out to and mailed to recipient's school.

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 nursing program.
Selected scholarship recipients will be required to submit proof of nursing-related courses in student's fall schedule to the scholarship committee before funds are released.
5. Approximate cost of educational program
6. Educational plan
7. References from:
 - a. Teacher
 - b. Community Member

Applications can be emailed to hdanz@gonzaleshealthcare.com by May 1, 2024.

The Scholarship Committee will review all applications received. After initial review, eligible applicants will be contacted for an interview with the Scholarship Committee. The committee

will determine which applicants best meet the scholarship ideals of the Lora Tschappatt Scholarship committee.

Information on this application will be confidential to the scholarship committee.

No person shall be denied this scholarship because of sex, race, creed, color, or national origin.

For further information, please contact Holly Danz, 830-672-7581 Ext. 1020.

Deadline to Apply is May 1, 2024

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: _____

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