



## **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 twice a year 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. Four scholarships will be awarded annually, 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](mailto:hdanz@gonzaleshealthcare.com).

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 ideals of the Lora Tschappatt Scholarship.

Applications will be accepted at the following deadlines:

Due February 1, with awards announced March 1;

Due August 1, with awards announced September 1.

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.

**Deadlines to Apply: February 1, 2025 and August 1, 2025**

## **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