

APPLICATION INFORMATION for SCHOLARSHIP
Marilyn Nissen Nursing Scholarship
through Boone County Health Center Foundation

The Marilyn Nissen Nursing Scholarship is offered through Boone County Health Center Foundation to assist recipients pursuing a nursing degree.

Marilyn Nissen, R.N. was a long-time oncology nurse at the Boone County Health Center. She performed an amazing service and many patients are alive and well because of her expertise. Marilyn placed a high value on education. This scholarship was formed to honor her as well as continue upon her work.

Boone County Health Center (BCHC) is a 25-bed, county owned critical access hospital. Seven family doctors and six physician-assistants are amongst the 275 staff at the Health Center's Hospital and its five medical clinics.

INFORMATION

1. **Eligibility:**

High school seniors who have been accepted to or who have the intent of applying to an accredited nursing program are eligible to apply. They must also be a resident of the Albion, Bartlett, Belgrade, Cedar Rapids, Elgin, Ericson, Fullerton, Greeley, Lindsay, Newman Grove, Petersburg, Primrose, Spalding or St. Edward community.

2. **Amount:**

Two scholarships will be awarded in the amount of \$250 or \$500 to two separate graduating high school seniors. Students with the intent of enrolling in an accredited nursing program will be eligible for \$250. Students who have been accepted in an accredited nursing program will be eligible for \$500. The scholarship money is payable in full directly to the college. Proof of enrollment must be provided to BCHC Foundation no later than August 1st unless the school runs on a non-traditional cycle.

3. **Award Presentation:**

Upon request, the scholarship will be presented by a BCHC Scholarship Committee member at the high schools honors ceremony or high school graduation according to the procedure at their high school.

REQUIREMENTS for SCHOLARSHIPS
**Marilyn Nissen Nursing Scholarship
through Boone County Health Center Foundation**

Please complete the attached application form and return it with the following information:

1. **Essay (500 words):** Write a concise paper about yourself; why you have chosen a nursing career, what this scholarship means to you and relevant work experience. Also include the personal and professional goals you hope to achieve in your role as a nurse. Finally tell us about your community service participation and your involvement with extracurricular activities.
2. **Personal References:** Two personal references must complete Reference of Support Form (attached). These should be from faculty who have recently taught you (past two years) and know your academic and personal attributes and abilities. Letter of Recommendation should discuss applicant's motivation, completion of assignments, and academic abilities as well as personal traits related to communication and leadership.
3. **High School Transcript:** Include a copy of your seven semester transcript showing your academic standing to date.

Application and Reference Forms are online at <https://boonecohealth.org/foundation>

Please mail or bring the completed reference form and letter of recommendation to:

Boone County Health Center Foundation
Attn.: Andrea Johnson, Foundation Director
723 W Fairview/ P.O. Box 151
Albion, NE 68620

SCHOLARSHIP APPLICATION
Marilyn Nissen Nursing Scholarship
through Boone County Health Center Foundation

Personal Data

(Please Type)

Date: _____

1. Name _____
Last First M.I.

2. Current Address _____
Street City County

3. Phone Number _____

4. List any additional forms of financial assistance in addition to this scholarship you will be utilizing, grants or approved loans. Attach a separate sheet if more space is needed.

5. Current High School

6. College where scholarship will be used

College mailing address

7. Name of program accepted to or plan to apply to

8. Honors Ceremony Date or Graduation Date where scholarship will be presented

I affirm that the answers to the foregoing questions are true and correct. I understand that Boone County Health Center Foundation shall not be liable in any respect if my scholarship is terminated due to false or misleading statements.

Signature of Applicant: _____ Date: _____

Postmarked Deadline: March 31

REFERENCE FOR SUPPORT FORM
**Marilyn Nissen Nursing Scholarship
through Boone County Health Center Foundation**

To the Respondent: The individual named below has applied for the Marilyn Nissen Nursing Scholarship through Boone County Health Center Foundation.

NAME: _____

Please respond to the following questions by circling the appropriate letter:

1. I believe the applicant's ability to successfully pursue a nursing career is:
a. Superior b. Excellent c. Good d. Fair e. Poor

2. How do you know this applicant?
a. Student b. Employee c. Other _____

3. How long have you known this applicant? _____

4. Rate this applicant using the following scale:
1 below average 2 average 3 above average 4 excellent 0 cannot judge
__initiative __work well with others __oral communication __thoroughness
__responsibility __writing skill __attention to detail __compassion __maturity
__critical thinking skills __leadership __integrity __intellectual curiosity

Letter of Recommendation: Please attach a separate sheet for a formal letter of recommendation that will evaluate the candidate in relation to the following: applicant's motivation, completion of assignments, and academic abilities as well as personal traits related to communication and leadership.

Signature _____ Date _____

Type or Print Name _____

School _____

Address _____

Position _____ Daytime Phone _____

Please mail or bring the completed reference form and letter of recommendation to:

Boone County Health Center Foundation
Attn.: Andrea Johnson, Foundation Director
723 W Fairview/ P.O. Box 151
Albion, NE 68620

Postmarked Deadline: March 31