

# LaVerne Allen Scholarship Application

PERSONAL INFORMATION	
Name:	DOB:
City, State, Zip:	
Home Phone:	Email:
COLLEGE INFORMATION	
Name of School:	GPA
Status: <input type="checkbox"/> Currently enrolled <input type="checkbox"/> Have been accepted <input type="checkbox"/> Taking Pre-requisite Courses	
Date starting: (month/yr)	Date Expecting to Graduate: (month/yr)
Course of Study:	
Degree to Complete: <input type="checkbox"/> LPN <input type="checkbox"/> Associate <input type="checkbox"/> Baccalaureate	
HIGH SCHOOL INFORMATION	
Name of High School:	
Course of Study:	

**ACTIVITIES AND INTERESTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EXPERIENCE:**  
 Do you presently work or volunteer in the healthcare field? If so, please provide a brief summary of what your job or volunteer responsibilities are: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- APPLICATION COMPONENTS:**  
 You must include with your application each of the following:
- An official high school or college transcript
  - Two letters of recommendation- one from a college or high school instructor and one from your current supervisor/manager.
  - A typed narrative (no more than 500 words) supporting your application, telling us about yourself, why you have chosen a nursing career, and how this scholarship will impact your educational needs.
  - A current picture of yourself

Please return this application and all required materials to:    **Geary Community Hospital**  
**ATTN: Education Office**  
**1102 St. Mary's Rd**  
**Junction City, KS 66441**

For any questions, please contact: GCH Education Office: 785-210-3345  
**Due Date: March 30**  
 Applicants will be notified by mail: No sooner than May 11.