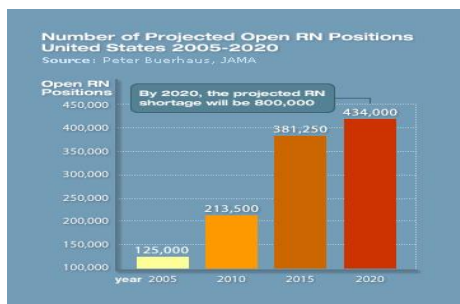


With over 100,000 vacant positions an ever-growing need for healthcare workers, the career outlook is excellent for the nursing field. [Statistics on Registered Nurses.](#)

Nursing is a highly regarded profession. A 2013 Gallup Poll announced that the public again voted nurses number one for "honesty and ethical standards of various professions."



Trinity Regional Medical Center Caring for Our Future Scholarship

The purpose of this scholarship is to assist candidates into the nursing profession and those already in the profession, to further their nursing education. The goal of this scholarship is to foster entry level nursing education, as well as, advanced degrees.

Applicants for the scholarship need to be accepted or enrolled in a nursing education program.

The scholarship is based upon:

1. Professional goals and career plans
2. Three written references
3. Academic standing (2.8 grade point minimum) with an ACT of 21, if no ACT then a college GPA or HS GPA of 3.
 - Send Official Transcripts*
 - Check if Official Transcripts have been submitted in 2017-2018 to the Trinity Foundation*
4. Involvement in professional/community/volunteer activities

The amount of the 2018 scholarship will be determined based on available funds.

Applications for the current scholarship are due April 9, 2018. A decision will be made and all applicants notified of the decision by May 6, 2018.

Please send all application materials to:

Trinity Regional Medical Center
802 Kenyon Road
Diane Anderson
Health Education
Fort Dodge, IA 50501

The form will be available until April 9, 2018.

If you have any questions or want to request materials, please call Diane Anderson at [515-574-6764](tel:515-574-6764) or diane.anderson@unitypoint.org.

Field Code Changed



Trinity Regional Medical Center
Caring for Our Future Scholarship Application
(Please print or type)

Name: _____ Social Security #: _____
(Last) (First) (Middle Initial)

Home Address: _____ City: _____

State: _____ Zip Code: _____ Birthdate: _____

Address While In School: _____

Phone Number: _____
(Home) (Work) (School)

Best time to contact: a.m. p.m. Place to contact: Home Work School

College/University you are currently enrolled/have been accepted for enrollment: _____

(Name) (Address) (Phone Number)

Degree working toward (ADN, BSN, MSN, PhD): _____

Present Grade Point Average: _____ (*attach official transcript for present or last recorded GPA)

Expected Year of Graduation: _____

Educational History

High School: _____ City: _____ Graduated: Yes No

Years Attended: _____ GPA: _____ *

College: _____ City: _____ Graduated: Yes No

Years Attended: _____ GPA: _____ * Major: _____

Work History			
Dates of Employment	Employer	Type of Work	Hours/Week

Activities

Professional Activities, Memberships and Awards *(please list)*

Community Activities and Awards *(please list)*

In one or two sentences describe the importance of this scholarship toward your future plans. Why are you seeking assistance from the TRMC Caring for Our Future Scholarship?

What are your future goals? (*Include career plans, personal growth, educational goals, etc.*)

Have you applied for other scholarships or loans? Yes No

Have you received other scholarships or loans? Yes No

Specify _____

Your signature is required below for consideration as an applicant for the TRMC Caring for Our Future Scholarship.

If I am a recipient of the TRMC Caring for Our Future Scholarship and I decide to delay or not attend the nursing education program as described in this application, the full amount of the scholarship will be returned to the TRMC Caring for Our Future Scholarship Fund of the Trinity Health Foundation.

Signature Date

Please attach the following references/recommendations:

1. A written recommendation from your present supervisor or employer
2. A written recommendation from a current (if presently in school) or former instructor
3. A written personal recommendation other than a relative



**Trinity Regional Medical Center
Caring for Our Future Scholarship**

RECOMMENDATION:

Name of Applicant _____

Address of Applicant _____
(Street) (City) (State) (Zip Code)

Note to writer: Scholarships are awarded based on professional goals, academic merit, interest in promoting healthcare, qualities of good citizenship and high morale value.

For this reason the Caring for Our Future Scholarship group needs your assistance in evaluating the applicant. **Please provide a statement concerning the applicant's general ability, personality and character:**

Signature

Date

Title Position Occupation

Address Phone Number

Please return to:
Health Education
Trinity Regional Medical Center
802 Kenyon Road
Fort Dodge, IA 50501

Deadline: April 9, 2018



**Trinity Regional Medical Center
Caring for Our Future Scholarship**

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