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)*
4. Involvement in professional/community/volunteer activities

The amount of the 2017 scholarship will be determined based on available funds.

Applications for the current scholarship are due March 31st, 2017. A decision will be made and all applicants notified of the decision by May 6, 2017.

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 March 31st, 2017.

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

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## Activities

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

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
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_________________________________________________________________________________

**Community Activities and Awards (please list)**

_________________________________________________________________________________
_________________________________________________________________________________
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_________________________________________________________________________________
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: March 31st, 2017
Trinity Regional Medical Center
Caring for Our Future Scholarship

RECOMMENDATION:

Name of Applicant _________________________________________

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