

# VNA Foundation

## Tricia's Scholarship Recipient Guidelines

Date \_\_\_\_\_

Name of Recipient \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

### Recipient Guidelines:

1. Must be able to provide evidence of acceptance to an appropriate nursing education program before scholarship funds are distributed.
2. Scholarship funds shall be distributed to the recipient.
3. Scholarship funds shall be used for tuition, books, and other costs related directly to the nursing education.
4. Scholarship funds not expended in one calendar year from the date funds are distributed shall be returned to the Tricia's Scholarship Fund.
5. The Tricia's Scholarship is renewable. Previous recipients must reapply for further funding.
6. Recipient agrees to sign receipt of check, guidelines and photographic release form.

I have read and agree to abide by the above guidelines as a recipient of Tricia's Scholarship. I authorize the Visiting Nurse Association Foundation to take photographs of me and permit the information and photographs to be used in conjunction with displays, publicity, news releases, articles, advertising and fund raising. I waive all claims for compensation for such use. I release the VNA Foundation, its personnel and any other persons handling the photographs and information from any liability connected with the taking or use of the photographs or information.

\_\_\_\_\_  
*signature of recipient*

\_\_\_\_\_  
*date*



**VNA HOSPICE**  
NWI

501 Marquette St, Valparaiso, IN 46383

219-462-5195



**Tricia's Scholarship**  
*in memory of Tricia Marie Simpson Russell, RN*

**Scholarship Application**

**Personal Data**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State ZIP

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

**Education**

Schools attended, beginning with the most recent:

Name/Location	Years Completed	Major	Degree	GPA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Employment History**

List positions held, beginning with the most recent:

- Company: \_\_\_\_\_  
 Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_
  
- Company: \_\_\_\_\_  
 Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_
  
- Company: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

**Skills/Qualification**

Summarize any special training, skills, licenses and/or certificates:

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**Community/Outside Activities**

List any volunteer, professional, trade, business or civic associations and any offices held. You may exclude memberships that would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.

Organization

Offices Held

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**List any special accomplishments, awards, etc.**

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**Career Goals**

Desired Profession: \_\_\_\_\_

**College/Vocational School Necessary to Achieve Certificate or Degree:**

Name of School: \_\_\_\_\_

School Location: \_\_\_\_\_

Desired Certificate/Degree: \_\_\_\_\_

Are you presently enrolled: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate: \_\_\_\_\_

Anticipated year of graduation: \_\_\_\_\_

Full-time or part-time enrollment: \_\_\_\_\_

Estimate of projected expenses for coming year: \_\_\_\_\_

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**References**

Please attach with this completed application letters of recommendation (minimum of one, maximum of three). One letter must be from a non-relative. References may include: teacher, professor, clergy, employers, co-workers, supervisors.

**Self Appraisal**

Please complete the self appraisal on the following page. Tell us your story!

**I submit this application as a true statement of facts for your consideration.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return this completed application with references and self appraisal to:**

Tricia's Scholarship Fund  
c/o VNA Foundation  
501 Marquette Street  
Valparaiso, IN 46383  
219-462-5195

***Please return by December 31, 2021***

**Self Appraisal**

Describe below in your own words why you feel that you should be considered for this scholarship. You may choose to highlight your need for the scholarship, personal history, challenges and/or achievements, why you want to become a nurse or advance your nursing profession. Please attach additional pages as needed.

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