



## INSTRUCTIONS

### Deadline:

All applications must be post marked or emailed by March 23, 2018. Please send all materials to the addresses listed in step 4. Award recipients will be notified no later than April 20, 2018.

### STEP 1: DETERMINE ELIGIBILITY

Eligible applicants must be individuals who:

- Have a permanent address in Benton or Franklin Counties or Burbank, WA
- Are pursuing an undergraduate degree in nursing or another healthcare related field. *(Six \$1,500 scholarships will be awarded to those pursuing healthcare related degrees and one nursing student will receive the \$500 Sandbank-Stanke Memorial Scholarship.)*
- Special consideration will be given to those who express financial need, demonstrate academic rigor and/or possess a strong background in community service/volunteerism.

### STEP 2: COMPLETE APPLICATION

- Fill in the blanks below
- Include an essay that describes the following (No longer than 2 pages, Double Spaced, 12 pt. font):
  - Financial need
  - Educational goals
  - Career goals
  - Reasons for choosing the career
  - School activities, including awards and honors
  - Volunteer services

### STEP 3: OBTAIN RECORDS AND REFERENCES

Each complete application should include:

- Scholarship Application Form & Signed Scholarship Agreement of Understanding
- Complete essay
- Three letters of reference (one page maximum). Please include:
  - How long the person has known you
  - Relationship to you (teacher, friend, family member etc.)
  - What outstanding qualifications they see in you that would make an ideal candidate to receive this scholarship
- All transcripts high school/college transcripts to date. If mailing, please send official transcripts in sealed envelopes with school stamp across the seal. If you would like to submit them digitally, they must be emailed directly from the institution to the contact listed below.

### STEP 4: SUBMIT APPLICATION

**Option A:** Mail all of the documentation listed above in a large manila envelope. Pages may be paper clipped- DO NOT staple. Applications must be postmarked by midnight on March 23, 2018. Send to:

Lourdes Foundation  
Scholarship Committee c/o Wendee Bodnar  
520 N. 4<sup>th</sup> Ave.  
Pasco, WA 99301

**Option B:** Complete the electronic form, essay and attach letters of reference. Please select the method in which your transcripts will be sent (emailed transcripts must be sent directly from your institution to [wendee.boodnar@lourdesonline.org](mailto:wendee.boodnar@lourdesonline.org)).

*All submitted material becomes the property of Lourdes Health Network and cannot be returned. Not all applicants will be selected as recipients.*



## 2018-2019 SCHOLARSHIP APPLICATION

### For undergraduates in nursing or healthcare-related studies

- Name (*First, Middle, Last*)
- Phone #
- Permanent Address (*Must be in Benton or Franklin Counties or Burbank, WA*)
- Birthday (*mo/day/yr*)
- City
- State
- Zip
- High School attending or attended
- Date of Graduation (*include transcripts*)
- College Attending or plan to attend
- Dates of Attendance (*include transcripts*)

#### **Employment Record (begin with most recent employment)**

- Name of Business
- Address
- Dates of Employment
- Position(s) Held

#### **Volunteer Record (begin with most recent volunteer position)**

- Name of Organization
- Address
- Dates of Volunteering
- Position(s) Held

#### **Financial Resources (from all sources: self, parents, spouses, grants, scholarships, etc.)**

- What other financial resources do you have and how much will they be providing toward your education?
- What healthcare-related field do you plan to pursue?

Attach Essay (No longer than 2 pages, Double Spaced, 12 pt. font):

Attach reference letters

My institution(s) will send my transcripts electronically ([wendee.bodnar@lourdesonline.org](mailto:wendee.bodnar@lourdesonline.org)) on or before March 23, 2018

I will mail official transcripts (Lourdes Health Network) on or before March 23, 2018.  
Scholarships c/o Wendee Bodnar  
520 N. 4<sup>th</sup> Ave.  
Pasco, WA 99301



## TUITION SCHOLARSHIP AGREEMENT OF UNDERSTANDING

I, the undersigned, agree that should I be awarded a scholarship from the Lourdes Health Network, I will adhere to the following conditions:

- Use the scholarship funds for undergraduate healthcare-related studies; i.e. nursing, doctor, radiology technician, lab technician, pharmacy, or other healthcare-related studies.
- Maintain a 3.0 grade point average.
- Provide information on my academic activities, my current and permanent addresses and a copy of my latest grade report at the end of each academic quarter or semester.
- Scholarship will be provided for the 2018-2019 academic school year.
- Make every effort to attend the Scholarship Luncheon on May 10, 2018 at Best Western in Pasco.

I understand that the scholarship will be awarded in two equal installments, one in August and one in December. I also understand failure to meet the above conditions will result in forfeiture of the second installment.

I understand that it is my responsibility to keep Lourdes Health Network informed of my current address and school transcripts so the scholarship checks can be mailed.

My current address is:

- Name
- Address
- City
- State
- Zip
- School Attending
- Signature
- Date