



*From my heart to yours..
Send a card that cares*

Kathy's Care Cards

The Heart of Nursing Application for Scholarship

Scholarship Applicant:

Thank you for your interest in receiving financial assistance from Kathy's Care Cards. Please read the following application requirements and procedures carefully and fill it out as completely and concisely as possible.

Requirements:

- Applicants must have completed at least one year in Nursing program
- Applicants must have a 2.5 GPA or higher accumulative
- Applicants must have demonstrated volunteerism/community service
- Applicants must have two letters of recommendation including one letter from a professor
- Applicants must provide a one page essay stating why they chose career of Nursing
- Finalists must complete personal interview with Board of Directors prior to recipient selection

Procedures:

Attach the following documents to your application (do not include anything other than requested items):

- Official transcripts of previous academic work and standing
- Verification of enrollment in an accredited RN Program, Associates, BSN, or Diploma Criteria
- Two letters of recommendation—one must be from a professor
- Verification of volunteerism/community service
- Verification of involvement in the medicine prior to acceptance in RN school (if applicable)

Selection process:

Selection will be based upon compliance with basic eligibility requirements set forth by The Heart of Nursing Foundation. Award recipients are selected by the Board of Directors made up of medical professionals and survivors. All finalists will also meet with Board of Directors for a Personal Interview prior to recipient selection.

Mail application to:

The Heart of Nursing/Kathy's Care Cards
Attention: Scholarships
700 Granby Place E.
Westerville, Ohio 43081



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Applicant Information:

Name _____

Address _____

Nursing School _____

Address of School _____

Home Phone Number _____

Cellular Phone Number _____

email _____

I hereby certify that all information provided on this form is true and accurate to the best of my knowledge. Furthermore, I give permission for members of The Heart of Nursing Foundation or Its Designee to interview any and obtain all information listed on this form. I authorize The Heart of Nursing Foundation or Designee to notify newspaper(s) of my award, and I agree to participate in any appropriate scholarship awards program.

Signature of applicant

Date