



**Bonner General Hospital  
Nursing Scholarship Application**

**Students Name:** \_\_\_\_\_

**Current Date:** \_\_\_\_\_



## Data Sheet

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Include address if different than Home Address)

Name of Mother/Guardian: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Father/Guardian: \_\_\_\_\_

Occupation: \_\_\_\_\_

Have you submitted your college applications?                      Yes    No

Have you already been accepted to a college or university(s)?  
Please list: (If you are **not** planning to attend a college or  
university with a nursing program, explain why.)

\_\_\_\_\_

\_\_\_\_\_



## **Personal History**

Write a statement of no more than two double spaced pages in which you describe yourself and your experiences. You may include your activities and interests in high school, any special talents or skills in a particular field, your community activities and your work experience.

Describe your reasons for pursuing a career in the nursing field. This may include personal and academic goals, individuals who have inspired you, or circumstances that led you to this decision. Please include the reasons you feel you deserve consideration for this scholarship. Please limit your response to a maximum of two double spaced typed pages.



## **Miscellaneous Inclusions**

Describe any special circumstances that might help the scholarship committee understand your specific needs. (Examples: Single-Parent Family; Family supporting Senior Citizen, etc.)



## Directions for Completing Nursing Scholarship Application

1. Completed forms are to be turned in to your Counseling Office or Bonner General Hospital by April 15. No forms will be accepted after this date. No exceptions will be made.
2. Complete all sections of the Nursing Scholarship Application.
3. Submit three (3) letters of recommendation. At least one should be from a teacher who knows you well. The others may be from your employer, minister, a family friend, or fellow student. Please do not submit letters of recommendation from relatives.
4. Your application for this scholarship must be secured in a clear term paper folder in the following order:
  - a. Your FULL legal name on the Nursing Scholarship Application Cover page.
  - b. Data Sheet **(3 points)**
  - c. Personal History **(50 points)**
  - d. Extracurricular activity list or include your own activity list, such as you may have prepared for your college applications.
  - e. Include a copy of your transcript, complete with GPA and CLASS RANK. **(3 points)**
  - f. Three letters of recommendation as outlined above. **(3 points)**
  - g. Admission to a college or university with nursing school **(3 points)**; without nursing school **(2 points)**.

5. Submit the *Bonner General Hospital Nursing Scholarship Application* to the your counseling office or directly to Bonner General Hospital c/o Nursing Scholarship Committee PO 1448 Sandpoint, ID 83864, no later than **April 15.**
6. Be prepared to be interviewed by a scholarship selection committee.
7. Please make sure that this format is strictly followed. Disqualification may result from omissions and/or improper sequence of materials.
8. **Neatness counts!**
9. Recipients need to send proof of enrollment to Bonner General Hospital c/o Nursing Scholarship Committee PO Box 1448 Sandpoint, ID 83864 or (208) 263-1441 Ext. 1534 after your first term in college. Scholarship funds will to be paid directly to the college or university after the first term. The student must complete one term with a college GPA of 2.5 or better.