Kay Campbell Nursing Scholarship
Application Form

Purpose
To assist and encourage Senior High School Students seeking a career in Nursing

Scholarship Award
$3,000

One scholarship will be awarded in each of the following service areas for Grace Community Health Center: Bell County, Clay County, Knox County, Leslie County and Corbin Independent Schools
(Home Schooled and private school students are also eligible in these service areas)

Eligibility
1. A minimum grade point average of 3.0 and have a minimum ACT score of 19
2. A completed application form and resume submitted no later than March 1 of applicant’s Senior High School Year
3. Each applicant must provide a minimum of three references with at least one from a High School Staff member

Selection Process
1. The application must be received by GCHC Scholarship Committee no later than March 1 of the applicant’s senior year.
2. A personal interview with the Scholarship Committee may be required.
3. The Scholarship Committee will make the final decisions on the scholarship award and each applicant will be notified by letter of the results.
4. The student will be responsible for submitting an official transcript or report card to show compliance with the minimum grade requirement.
5. The applicant will be responsible for ensuring their references to the Scholarship Committee are received by the due date.

This is a competitive scholarship. Finalists will be chosen from those who apply and may be invited to participate in an interview with the GCHC Scholarship Committee.

Our Mission Statement
The mission of Grace Community Health Center is to show the love and share the truth of Jesus Christ to Southeastern Kentucky, through access to compassionate, high quality, primary health care for the whole person.
Applicant Information

Name _____________________________________________________________  Date____________________

Address ____________________________________________________________

City __________________________ State ______ Zip ____________________

Email Address _______________________________________________________________________________

Your Date of Birth _______________________

Parents/Guardians Name: ______________________________________________________________________

Parent’s Occupations __________________________________________________________________________

Education
High School _______________________________________  Other_____________________________

GPA: ______________                   ACT Score __________________________

Please answer in a few short sentences while providing a quality response, to the following questions. Submit this completed application along with your resume to the GCHC Scholarship Committee by the required date.

1. Are you active in a local church? _________  Are you a member?___________
   Who is your Pastor?_______________________________________________

2. List activities that you are involved in at your church, high school or other civic organizations in the past 3 years.
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

3. Why did you choose Nursing as a career path? __________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

4. Which College are you planning to attend?_______________________________________________________
   Why did you choose this particular college?
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
Kay Campbell Scholarship Nursing Application Form

Applicant Name

Name _____________________________________________________________  Date____________________

5. What field of Nursing to you presently plan to study?  ___________________________________________
   What are your goals for the future?___________________________________________________________
   _____________________________________________________________________________________
   _____________________________________________________________________________________
   _____________________________________________________________________________________
   _____________________________________________________________________________________

6. Have you received any other scholarship offers?   Yes _______  No _______  If so, please list the amounts and the
   organizations that provided the scholarships.  __________________________________________________
   _____________________________________________________________________________________

7. Household Income: _____$10,000 - $25,000   _____$26,000 - $50,000   _____ $51,000 - $75,000   _____$76,000 >

8. Number of siblings and their ages:  # ________  Ages ____________________________________________

9. Do you have a FACEBOOK account?  Yes ____  No ____  If so, list the name under which it is posted
   _____________________________________________________________________________________

10. List the names of any employers and a contact phone number
   Employer ________________________________________________Contact Number___________________________
   Employer ________________________________________________Contact Number___________________________
   Employer ________________________________________________Contact Number___________________________

11. List any accomplishments or awards you have received ___________________________________________
   _____________________________________________________________________________________
   _____________________________________________________________________________________
   _____________________________________________________________________________________

Provide any additional comments that may be helpful information for the Scholarship Committee in your resume.

This application and the three personal reference letters must be completed and submitted to the Grace Community Health Center Scholarship Committee no later than March 1 of the applicant’s senior high year. An interview will be scheduled if necessary.

A letter announcing the successful candidate’s name will be provided by May 1 of your senior high school year. The scholarship announcement may be awarded at your high school graduation or at your high school’s awards ceremony.

I have received a copy of the Grace Community Health Center Scholarship Assistance Application. I have read, understand and agree with the mission of Grace Community Health Center.

Signature of Applicant _________________________________________  Date ___________________________
Applicant, please give the following Reference Form to the individuals you have listed as references in your resume.

The Reference form must completed and received by the Scholarship Committee by the due date.
Reference Name: Mr./Mrs./Ms. ____________________________________________

The student named below has submitted your name as a reference for a Nursing Scholarship provided by Grace Community Health Center. Your completion of this form and attachment of any additional reference information will be greatly appreciated and kept confidential.

Applicant’s Name: __________________________________________
Your position/Title: _________________________________________
Name of Firm/School/Church _________________________________________________________________________
Phone Number ____________________________________________
How long have you known the applicant? _______________________________________________________________
In what capacity have you known the applicant? _______________________________________________________
What do you consider to be the applicant’s outstanding talents or strengths? ___________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Please examine the qualities listed below. In light of your interaction and knowledge of the applicant, please rate him/her accordingly:

<table>
<thead>
<tr>
<th>Quality</th>
<th>Scale 1-10</th>
<th>Quality</th>
<th>Scale 1-10</th>
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<tr>
<td>Leadership Ability</td>
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<td>Ability To Serve Others</td>
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<td>Emotional Stability</td>
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<td>Ability To Make Friends</td>
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<td>Ability To Work With Others</td>
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<td>Initiative</td>
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<td>Moral Standards</td>
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<td>Representative of a Christian Witness</td>
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<td>Intellectual Capacity</td>
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<td>Personal Appearance</td>
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<td>Spiritual Life</td>
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<td>Concern for Others</td>
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Please add any additional comments about the applicant’s academic, spiritual and/or student background on the back of this form. Or you may include a reference page under your letterhead.

Signature ____________________________________________ Date _________________________

Please submit this form no later than March 1 to the address listed below.

Grace Community Health Center, Inc.
Attn: Nursing Scholarship Committee
1019 Cumberland Falls Hwy. Suite B201
Corbin, KY 40701

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