Home Care & Hospice Foundation of Pike County
Nursing Scholarship
Student or Adult Applicant

SCHOLARSHIP

NAME: HOME CARE & HOSPICE FOUNDATION OF PIKE COUNTY NURSING SCHOLARSHIP

TYPE: LOCAL

ELIGIBILITY:

- APPLICANT MUST BE A RESIDENT OF PIKE COUNTY.
- RECIPIENT IS ENCOURAGED TO WORK AS A NURSE IN PIKE COUNTY FOR AT LEAST ONE YEAR AFTER GRADUATION. (if possible)
- APPLICATION MUST BE SUBMITTED BY DEADLINE DATE.
- APPLICANT MAY ONLY BE AWARDED THE SCHOLARSHIP ONCE PER NURSING DEGREE PURSUED.

RENEWABLE: NO. THE SCHOLARSHIP WILL ONLY BE AWARDED ONCE PER NURSING DEGREE.

AMOUNT: $2,000

DEADLINE DATE: APRIL 6, 2026

The Home Care & Hospice Foundation of Pike County Nursing Scholarship

CRITERIA

- The recipient shall be a high school graduate or equivalent.

- One scholarship in the amount of $2,000 shall be awarded for the 2025-2026 school year.

- Quantity and amount of scholarships will be determined each year by the governing body of the *Home Care & Hospice Foundation of Pike County*.

- The scholarship money ($1000 after the first semester is completed and $1000 after the second semester is completed) will be issued directly to the student upon receipt of the following:

    Report of first semester grades
    Proof of enrollment as a full-time (minimum of 12 hours) student
    Student of good standing

    Second semester money will be issued upon receipt of the following:
    Report of second semester grades
    Proof of enrollment as a full-time student
    Student of good standing

- Financial need shall be a consideration, but not a priority.
- Involvement in school and/or community activities will be considered.
- Consideration will be given to the applicant's potential to succeed.

A Committee from the *Home Care & Hospice Foundation of Pike County* Board shall judge the applications. Scoring will be as follows:

Essay question answers (see page 6) (2 essay answers-20 points each)	40 points
2 References (see page 7 & 8) (School guidance counselor, local business person, supervisor or educator)	25 points
Financial need	20 points
Involvement in school/community activities	15 points
Character	15 points
Appearance of application	10 points
Total points possible	125

The Home Care & Hospice Foundation of Pike County
Nursing Scholarship

APPLICATION

Date:

Information to be supplied by applicant. (Please type or print)

Name:

Address:

Phone:

E-mail:

Instructions: In your own words, please provide answers to the questions on the following pages. Do NOT leave any questions blank. Do NOT write/type your name on any of the following pages. If more room is needed for answers to questions, please attach paper to the application. When completed, return your application by hand or mail to:

Home Care & Hospice Foundation of Pike County
Attn: Jennifer Schumacher
1 Healthcare Place
Bowling Green, MO 63334

(573) 324-2111

Application deadline: April 6, 2026

PART I:

Name of nursing school you plan to attend:

Have you been accepted to that school?

Please provide the estimated cost per year of attending. (This should include tuition, room & board, books, etc.)

Will you receive financial aid?

Estimate the amount of financial resources you plan to receive. (This should include scholarships, loans and grants.)

Are there any special circumstances of which the committee should be aware that affects or will affect your financial situation? If so, please explain:

PART II:

List extracurricular activities you were involved with in high school **(student applicant)**:

List community activities and/or services in which you have been involved:

If you are employed, explain where and job duties:

List any awards or accomplishments you have received:

PART III:

What quality do you like best about yourself and why should you receive this scholarship? (150 words or less)

Why do you want to become a nurse? (100 words or less)

REFERENCES:
(Two references)

This page should be completed by a school guidance counselor, business person, supervisor or educator.

Please rate the applicant on the following characteristics using the scale below:

1-3 Poor 4-6 Average 7-9 Superior 10-Excellent

Attendance

Punctual

Honesty

Dependable

Responsible

Appearance
(neatness, cleanliness, compliance with dress code)

Leadership

Motivation

Ability to work well with others

Please make any additional comments:

Signature:_____Date:_____
Title:_____

REFERENCES:
(Two references)

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Leadership

Motivation

Ability to work well with others

Please make any additional comments:

Signature:_____Date:_____
Title:_____

PERMISSION ACKNOWLEDGEMENT

I hereby affirm that I have answered the application questions truthfully and to the best of my knowledge. I understand that providing any false information can be cause for denial of my application.

Leaving any questions blank or not filling out this form completely can be cause for the application to be discarded or denied.

I give my permission for the *Home Care and Hospice Foundation of Pike County* to contact the references provided.

If awarded the scholarship, I am willing to have my picture taken for marketing purposes for the *Home Care & Hospice Foundation of Pike County*.

Applicant Signature: _____

Date:_____