



## Visiting Nurse Association of Hanover & Spring Grove Florence deHaven Stick Memorial Scholarship

### 2021 Application Information

#### A. Eligibility Requirement:

1. Any individual who meets the following requirements is eligible:
  - a. Lives in the service area of the Visiting Nurse Association of Hanover & Spring Grove, that includes the Spring Grove area, greater Hanover area and all of Adams County. High schools in the service area include: Hanover, South Western, Delone Catholic, Biglerville, Littlestown, New Oxford, Gettysburg, Fairfield, Bermudian Springs, Spring Grove and Hanover Christian Academy. Students living in the service area who attend New Freedom Christian School, Christian School of York and York Country Day School are also eligible.
  - b. Has been accepted into, and is beginning, an accredited nursing program leading to a career as a registered nurse or licensed practical nurse.

*Scholarship recipient will be chosen based on academic achievements, activities, financial need and professional goals.*

#### B. General Information:

1. Several scholarships in the range of \$3,000-\$5,000 will be awarded.
2. Please return completed application no later than **4 p.m. on March 12, 2021** to:

Visiting Nurse Association of Hanover & Spring Grove  
c/o Heather Reynolds  
440 North Madison Street  
Hanover, PA 17331
2. Applications received after this date/time will not be considered.
3. Scholarship recipients will be chosen by April 16, 2021.
4. Scholarship funds will be issued to scholarship recipient upon verification of school acceptance and registration for courses.

#### C. Please submit:

1. A copy of your high school transcript,
2. Verification of your acceptance in a nursing program (photocopy of acceptance letter),
3. A letter of reference from one of the following: teacher, counselor, employer, or other professional person, and
4. Your completed application.

*If there are any questions concerning the completion of the application, please contact Heather Reynolds at 717-637-1227 ext. 292 or 1-800-422-3197.*

## Florence deHaven Stick Memorial Scholarship Application

**IMPORTANT: Please indicate if you are applying as a:**

High School Applicant

Post High School Applicant

### Part I. Personal Data

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Cell: (     ) \_\_\_\_\_

Email address: \_\_\_\_\_

### Part II. Education

*Please complete the following:*

	School Name, City, State	Dates Attended	Major/ Course of Study	Graduated	Degree Received	GPA
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>		
College				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>		

### Part III. Extra Curricular/Community/Volunteer Activities

A. List any academic honors, awards and membership activities while in high school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. List any hobbies, outside interests, extracurricular activities and school related volunteer activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. List any non-school sponsored volunteer activities in the community:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part IV. Family/Financial Data**

**Section A**

*If you **are** a dependent of your parent(s) and were listed in their previous year tax return and/or will be listed as a dependent this year by your parent(s) on their Federal Tax Return, please complete **Section A only**. Otherwise, skip to section B.*

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent(s) combined yearly gross income (check one):  
     \_\_\_ Below \$15,000                      \_\_\_ \$50,000 to \$59,999                      \_\_\_ \$90,000 to \$99,999  
     \_\_\_ \$15,000 to \$29,999                      \_\_\_ \$60,000 to \$69,999                      \_\_\_ Above \$100,000  
     \_\_\_ \$30,000 to \$39,999                      \_\_\_ \$70,000 to \$79,999  
     \_\_\_ \$40,000 to \$49,999                      \_\_\_ \$80,000 to \$89,999

Additional Parental Dependents:

Name/Relationship	Age	If currently attending school: please list school name	Grade	Working	Military/other Please list
				Y / N	
				Y / N	
				Y / N	
				Y / N	
				Y / N	

Do the parent(s) have a financial obligation for other children in college? Y / N  
 If yes, please explain.

**Section B**

*If you are **not** a dependent, please complete **Section B only***

Applicant's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Applicant/Spouse combined yearly gross income (check one):  
     \_\_\_ Below \$15,000                      \_\_\_ \$50,000 to \$59,999                      \_\_\_ \$90,000 to \$99,999  
     \_\_\_ \$15,000 to \$29,999                      \_\_\_ \$60,000 to \$69,999                      \_\_\_ Above \$100,000  
     \_\_\_ \$30,000 to \$39,999                      \_\_\_ \$70,000 to \$79,999  
     \_\_\_ \$40,000 to \$49,999                      \_\_\_ \$80,000 to \$89,999

Additional Applicant/Spouse Dependents: *please refer to Section A for explanation of a qualified dependent*

Name/Relationship	Age	If currently attending school: please list school name	Grade	Working	Military/other Please list
				Y / N	
				Y / N	
				Y / N	
				Y / N	
				Y / N	

Does the applicant/spouse have a financial obligation for other children in college? Y / N  
 If yes, please explain.

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**Section C**

1. Will you be working while attending nursing school: Y/N
  - a. If yes, what is your anticipated income: \$ \_\_\_\_\_
  - b. Will you work full time or part time: \_\_\_\_\_
2. Have you or will you be receiving any additional financial assistance or scholarships? Y/N  
*If yes, please list below who you will receive the funds from and how much:*
  - a. \_\_\_\_\_ \$ \_\_\_\_\_
  - b. \_\_\_\_\_ \$ \_\_\_\_\_
  - c. \_\_\_\_\_ \$ \_\_\_\_\_
3. Will any of the funds listed above be reoccurring? Y/N  
*If yes, please explain in detail:* \_\_\_\_\_
4. Have you applied for a VNA Scholarship in previous years? Y/N  
*If yes, please provide the date:* \_\_\_\_\_  
*If yes, what amount where you awarded?* \_\_\_\_\_

**Part V. College/Course Information**

Please list all College(s)/Nursing School(s) to which you have applied	Yearly Tuition	Have you been accepted?
		Y / N
		Y / N
		Y / N
		Y / N

*Please answer the following question:*

Why do you wish to enter the nursing profession?

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I certify the above information is correct, to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_