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:

<table>
<thead>
<tr>
<th></th>
<th>School Name, City, State</th>
<th>Dates Attended</th>
<th>Major/ Course of Study</th>
<th>Graduate d</th>
<th>Degree Received</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td></td>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>College</td>
<td></td>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 
- [ ] $15,000 to $29,999
- [ ] $30,000 to $39,999
- [ ] $40,000 to $49,999
- [ ] $50,000 to $59,999
- [ ] $60,000 to $69,999
- [ ] $70,000 to $79,999
- [ ] $80,000 to $89,999
- [ ] $90,000 to $99,999
- [ ] Above $100,000

Additional Parental Dependents:

<table>
<thead>
<tr>
<th>Name/Relationship</th>
<th>Age</th>
<th>If currently attending school: please list school name</th>
<th>Grade</th>
<th>Working</th>
<th>Military/other Please list</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y / N</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y / N</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y / N</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y / N</td>
<td></td>
</tr>
</tbody>
</table>

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 
- [ ] $15,000 to $29,999
- [ ] $30,000 to $39,999
- [ ] $40,000 to $49,999
- [ ] $50,000 to $59,999
- [ ] $60,000 to $69,999
- [ ] $70,000 to $79,999
- [ ] $80,000 to $89,999
- [ ] $90,000 to $99,999
- [ ] Above $100,000

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

<table>
<thead>
<tr>
<th>Name/Relationship</th>
<th>Age</th>
<th>If currently attending school: please list school name</th>
<th>Grade</th>
<th>Working</th>
<th>Military/other Please list</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y / N</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y / N</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y / N</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y / N</td>
<td></td>
</tr>
</tbody>
</table>

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

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 were you awarded?________________________________

Part V. College/Course Information

<table>
<thead>
<tr>
<th>Please list all College(s)/Nursing School(s) to which you have applied</th>
<th>Yearly Tuition</th>
<th>Have you been accepted?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Y / N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y / N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y / N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y / N</td>
</tr>
</tbody>
</table>

*Please answer the following question:*

Why do you wish to enter the nursing profession?

____________________________________________________________________________
____________________________________________________________________________
Discuss a special attribute or accomplishment that sets you apart:
I certify the above information is correct, to the best of my knowledge.

Signature________________________________________   Date_________________________