



Jane E. Meyer Nurse Practitioner Scholarship

Overview

The Jane E. Meyer Nurse Practitioner Scholarship was created by her family and health care profession colleagues to honor Jane E. Meyer, FNP-BC, ANP-BC, a leader in the community and an advocate of the Nurse Practitioner profession. The scholarship will provide funding for students who are accepted into and/or are attending a nationally accredited Nurse Practitioner program.

Students who meet the following qualifications may be considered for selection:

- Resident of Jackson County
- Has practiced or is currently practicing as a registered nurse at Schneck Medical Center in Seymour, Indiana
- Desires to practice as a Nurse Practitioner in Jackson County following graduation
- Academic achievement
- Community activities

If selected, this is a one-time scholarship award but current recipients may reapply for consideration in successive years.

Applications are available at <http://www.cfjacksoncounty.org/scholarships/scholarship-form>.

Checklist

Recipients will be notified of their award in June. The following must be submitted to the address below no later than **July 23, 2018**.

- Completed application form.
- If currently enrolled, provide a transcript of the last two semesters of Nurse Practitioner academic work.
- If not currently enrolled, provide a transcript of the last two semesters of undergraduate work.
- Two letters of support from professional colleagues.

Send all required application materials by the due date to
The Community Foundation of Jackson County
P.O. Box 1231
107 Community Drive
Seymour, IN 47274

**JANE E. MEYER NURSE PRACTITIONER SCHOLARSHIP
SCHOLARSHIP APPLICATION**

**Completed applications and all required materials due to the Community Foundation office no later than
July 23, 2018**

Date: _____

I. PERSONAL INFORMATION:

1. Name _____

2. Home Address _____

3. Home Phone _____

4. Home E-mail Address _____

5. Marital status _____

6. Number and ages of children, if applicable _____

Number in family currently in college _____

II. EDUCATIONAL BACKGROUND:

List All Schools Attended

High School _____

Location _____ Year of graduation _____

College/University _____

Location _____ Year of graduation _____

Major/Minor _____ Degree obtained _____

College/University _____

Location _____ Year of graduation _____

Major/Minor _____ Degree obtained _____

III. EMPLOYMENT

Are you currently employed? Yes No
(List all current employers)

| | |
|----------------------------|-----------------|
| Employer_____ | How Long?_____ |
| Job Title/Description_____ | Supervisor_____ |
| Hours worked/Wk_____ | |
| Employer_____ | How Long?_____ |
| Job Title/Description_____ | Supervisor_____ |
| Hours worked/Wk_____ | |

Past Employment

| <u>Job Title/Description</u> | <u>Period of Employment</u> | <u>Hours Worked/Wk</u> |
|------------------------------|-----------------------------|------------------------|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

IV. EXTRACURRICULAR AND VOLUNTEER ACTIVITIES

Please list any organizations, clubs, and athletics you have been involved with including years of involvement, leadership positions held, and honors and awards received:

V. FINANCIAL RESOURCES

Estimated annual cost of attending
Nurse Practitioner education including
tuition, books and fees:

\$ _____

Any other scholarships or grants awarded:

\$ _____

\$ _____

\$ _____

Existing educational loan balances:

\$ _____

Other financial aid:

\$ _____

Other financial considerations: _____

I certify that the information on this application is true and accurate to the best of my knowledge. I consent to the release of this information for the sole purpose of applying for the scholarship named above.

(Applicant Signature)

(Date)