



Kay Campbell Nursing Scholarship Application Form

Please Note: This is an updated application form for 2022. Prior year applications should not be submitted and will not be accepted by the Scholarship Committee.

Background

This scholarship is designed to honor the memory and legacy of Kay Campbell. Kay was a nurse practitioner who was dedicated to the field of nursing and nursing practice. Kay lost her battle with cancer, but she continued to practice and serve patients at a Grace Health clinic in Wooten in Leslie County while fighting her battle.

Purpose

The purpose of the Kay Campbell Nursing Scholarship is to assist and encourage Senior high school students seeking a career in Nursing. Priority is given to students pursuing a career in nursing. If no applicants are future nursing students, applicants who are pursuing a career in the healthcare field will be considered.

Scholarship Award

\$3,000

One scholarship will be awarded to one senior high school student in each of the following service areas for Grace Health: **Bell County, Clay County, Knox County, Laurel County, Leslie County, and Whitley County.**

Students who are home schooled or enrolled in private schools in these service areas are also eligible to receive this scholarship.

Eligibility

Students who receive the Kay Campbell Nursing Scholarship **must** meet the following requirements:

- Submit a fully completed application form
- Maintain a minimum grade point average of 3.0
- Possess a minimum ACT score of 19
- Construct and submit a cover letter
 - *This should be used by the applicant as an opportunity to share with the Scholarship Committee about future plans, goals, background, interests, hobbies, etc. Consider this a concise autobiography.
- Develop and submit a resume
- Provide a minimum of three references using the enclosed reference forms
 - *One reference must be from a high school staff member
 - *References may be mailed by the person completing the reference or by the applicant when other materials are mailed if the reference forms are in sealed envelopes with a stamped seal or signature of the person completing the reference forms placed across the envelope seal
- Submit an official transcript to show compliance with GPA & ACT requirements
- Graduate from high school in the Spring of 2022

Selection Process

- The application form and all required information/additional forms, including reference forms, must be **postmarked** and addressed to the Grace Health Scholarship Committee no later than **March 7, 2022. NO electronic submission of applications is allowed.**
- A personal interview with the Scholarship Committee may be required
- Priority for the scholarship will be given to future nursing students
- If no applicants are future nursing students, the scholarship will be awarded to students pursuing a career in the healthcare field
- The Scholarship Committee will make the final decisions on the scholarship awards
- The guidance counselor at each winning applicant's school will be notified & a member of the Scholarship Committee or Grace Health Administration will present the scholarship at the respective school's Awards/Scholarship Ceremony

Reminders for Applicants

- The application form may be hand written or typed. Cover letters and resumes should be typed.
- Incomplete application forms will be disqualified from the selection process
- A Check List is enclosed to help ensure all applications are complete
- All applications and forms, including reference forms, must be **postmarked** and mailed to the Grace Health Scholarship Committee by **March 7, 2022** at the following address:

Grace Health
Attn: Kay Campbell Scholarship Committee
1019 Cumberland Falls Highway, Suite B201
Corbin, KY 40701

- **Applications may NOT be submitted electronically.**
- Late applications or reference forms will not be considered. **No exceptions.**
- Applicants who do not meet the minimum GPA and ACT requirements will not be considered.
- This is a competitive scholarship. All forms should be completed thoroughly and accurately.

Our Mission Statement

The mission of Grace Health 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 _____

Applicant Date of Birth _____ Phone Number _____

Parents'/Guardians' Names _____

Parents'/Guardians' Occupation (s) _____

High School _____ Other _____

GPA _____ ACT Score _____

Please answer the following in a few short sentences while providing a quality response. Submit this completed application along with a cover letter, resume, transcript, and three reference forms provided to the Grace Health Kay Campbell Scholarship Committee with a **postmarked date** no later than **March 7, 2022**.

1. Are you active in a local church? _____

Church Name _____ Pastor's Name _____

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

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

4. What college or university are you planning to attend? _____

Why did you choose this college or university? _____

Name _____ Date _____

5. What field of Nursing do you presently plan to study? _____
What are your goals for the future? Please include both short and long-term goals _____

6. Have you applied for any other scholarship offers? Yes _____ No _____ If so, please list the amounts and the organizations that provide the scholarships: _____

7. Please list the above scholarships offers you have accepted or been awarded to date: _____

8. Household Income (If parents are divorced and/or in a separate household, please check a line for each parent)
_____ \$10,000-\$25,999 _____ \$26,000 - \$50,999 _____ \$51,000 - \$75,999 _____ \$76,000+
9. Number of siblings currently living in household and their ages: Number _____ Ages _____
10. Do you have a FACEBOOK account? Yes _____ No _____ If so, list the name under which it is posted _____
11. List the names of any past or present employers and a contact phone number
Employer _____ Contact Number _____
12. List any accomplishments or awards you have received _____

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

This application, cover letter, resume, transcript, and three personal reference forms provided must be completed, **postmarked**, and submitted to the Grace Health Kay Campbell Scholarship Committee no later than **March 7, 2022**. An interview will be scheduled if necessary.

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

Signature of Applicant _____ Date _____



*Please give the following **Reference Form** to the individuals listed as references in your resume.*

*The Reference Form must be completed, submitted, and **postmarked** to the Scholarship Committee by **March 7, 2022**.*



Key Campbell Nursing Scholarship Reference Form

Reference Name: Mr./Mrs./Ms. _____

The student named below has submitted your name as a reference for a Nursing Scholarship provided by Grace Health. 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. Please mark a quality N/A if you do not know enough about the applicant to rate a particular quality. Based on your interaction and knowledge of the applicant, please rate him/her accordingly:

On a scale of 1-10 with 1 being the weakest - 5 being average - 10 being outstanding

Quality	Scale 1-10
Leadership Ability	
Emotional Stability	
Ability to Work with Others	
Moral Standards	
Intellectual Capacity	
Spiritual Life	

Quality	Scale 1-10
Ability to Serve Others	
Ability to Make Friends	
Initiative	
Representative of a Christian Witness	
Personal Appearance	
Concern for Others	

Please add any additional comments about the applicant's academic, spiritual and /or student background on the back of this form. You may include a reference page under your letterhead.

Signature _____ Date _____

This form must be postmarked by **March 7, 2022** and submitted to the address listed below or placed in a sealed envelope with a stamped seal or your signature over the opening of the envelope and given to the applicant to submit with the application and other forms:

Grace Health
Attn: Scholarship Committee
1019 Cumberland Falls Hwy Suite B201
Corbin, KY 40701

The mission of Grace Health 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.