



## VISITING NURSE ASSOCIATION FOUNDATION

### Tricia's Scholarship Guidelines

**Purpose:** To assist an individual nursing student to advance his or her education.

#### General Guidelines:

1. The Scholarship Committee may be comprised of VNA staff, family member(s) of Tricia Marie Simpson Russell, RN, VNA Foundation Board Members, and community members.
2. The family members of Tricia Marie Simpson Russell, RN will be invited to serve on the committee annually and notified when the scholarship applications will be reviewed.
3. The amount and number of scholarships shall be determined annually upon the recommendation of the Scholarship Committee and shall not exceed the annual earnings.
4. The scholarship will be distributed at the VNA Annual Recognition Dinner in February each year.

#### Applicant Guidelines:

1. Must be a resident of Northwest Indiana.
2. Must be able to provide evidence of application to or current enrollment in a nursing education program to be considered for aid.
3. In general, is not seeking a Masters, Doctorate or Nurse Practitioner degree and/or is not graduating within the year.
4. Must submit the completed application, including self appraisal and letters of reference, by the stated deadline to be considered by the Scholarship Committee.

#### Recipient Guidelines:

1. Must be able to provide evidence of acceptance to an appropriate nursing education program before scholarship funds are distributed.
2. Scholarship funds shall be distributed to the recipient.
3. Scholarship funds shall be used for tuition, books, and other costs related directly to the nursing education.
4. Scholarship funds not expended in one calendar year from the date funds are distributed shall be returned to the Tricia's Scholarship Fund.
5. Tricia's Scholarship is renewable. Previous recipients must reapply for further funding.
6. Recipient agrees to sign receipt of check, guidelines and photographic release form.



501 Marquette Street, Valparaiso, IN 46383 • 219.531.5195 • [www.vnanwi.org](http://www.vnanwi.org)



**VISITING NURSE ASSOCIATION FOUNDATION**

**Tricia's Scholarship**  
*in memory of Tricia Marie Simpson Russell, RN*

**Scholarship Application**

**Personal Data**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State ZIP

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

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

**Education**

Schools attended, beginning with the most recent:

Name/Location	Years Completed	Major	Degree	GPA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Employment History**

List positions held, beginning with the most recent:

• Company: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

• Company: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

• Company: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

**Skills/Qualification**

Summarize any special training, skills, licenses and/or certificates:

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**Community/Outside Activities**

List any volunteer, professional, trade, business or civic associations and any offices held. You may exclude memberships that would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.

Organization

Offices Held

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**List any special accomplishments, awards, etc.**

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**Career Goals**

Desired Profession: \_\_\_\_\_

**College/Vocational School Necessary to Achieve Certificate or Degree:**

Name of School: \_\_\_\_\_

School Location: \_\_\_\_\_

Desired Certificate/Degree: \_\_\_\_\_

Are you presently enrolled: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate:

Anticipated year of graduation: \_\_\_\_\_

Full-time or part-time enrollment: \_\_\_\_\_

Estimate of projected expenses for coming year: \_\_\_\_\_

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**References**

Please attach with this completed application letters of recommendation (minimum of one, maximum of three). One letter must be from a non-relative. References may include: teacher, professor, clergy, employers, co-workers, supervisors.

**Self Appraisal**

Please complete the self appraisal on the following page. Tell us your story!

**I submit this application as a true statement of facts for your consideration.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Return this completed application with references and self appraisal to:**

Tricia's Scholarship Fund  
c/o VNA Foundation  
501 Marquette Street  
Valparaiso, IN 46383  
219-462-5195

*Please return by December 31, 2020*

