

Irv Hoffman Kansas Silver Haired Legislature Nursing Scholarship Application

Eligibility Criteria:

- Must be a US citizen and a resident of Kansas.
- Must be enrolled full-time in nursing courses at a nationally accredited Kansas college or university.
- Must agree to work two (2) years with older adults as a Registered Nurse after graduation and passing state boards
- Must submit a current resume.
- Must complete a 500-word essay titled "How I Can Contribute to the Care of Older Adults".

Section A: Identification Information

Last Name: _____ First Name: _____ MI _____

Maiden Name: _____ Date of Birth: ____ / ____ / ____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Alternate/Cell Number: _____

E-Mail Address: _____ Are you a resident of Kansas? _____

Are you a US citizen? _____ Are you enrolled full time in a Kansas Nursing Program? _____

Name of Nursing Program _____

Applicants Signature _____ Date _____

Section B: Certification and Release of Information

Applicant: Sign and date the certification and the authorization for release of information. I affirm that the information reported is complete, accurate, and true to the best of my knowledge.

I have authorized Nurse Administrator, Director, Chair or Dean of the Nursing Program to release the information requested for the purpose of determining eligibility for the Silver Haired Legislature Scholarship.

I understand that the application and essay must be postmarked or received by email no later than September 1, 2021. Applications postmarked or received by email after September 1, will not be accepted.

Applicant Signature _____ Date _____

Section C: Student Status Verification; Release of Information Form

Applicant, please sign and give to the Nurse Administrator, Director, Chair or Dean of your nursing program.

Applicant Last Name _____ First Name _____

I authorize school officials to release the information requested to the Kansas Silver Haired Legislature Scholarship Committee, for the purpose of determining eligibility for an Irv Hoffman Kansas Silver Haired Legislature Nursing Scholarship.

Signature _____ Date _____

Section D. Student Status Verification

Completed by the Nursing Program

Nurse Administrator, Director Chair or Dean of the nursing program: Please complete this section for the Applicant. All scholarship related information must be postmarked or received by email no later than September 1, 2021.

Student Name: _____

School/Program Name _____

Name of Program Administrator _____

Program Administrator Contact Telephone: _____

Student's beginning date in nursing program: _____

Student's expected completion date for nursing program: _____

Please indicate program/degree type: _____

The professional nursing program student: In good standing? Yes _____ No _____

Student is full time? Yes _____ No _____ Student is a resident of Kansas. Yes _____ No _____

Program Administrator's Signature _____ Date _____

Section E. Essay Instructions:

- Titled "How I Can Contribute to the Care of Older Adults", typed and double spaced.
- Use appropriate grammar and sentence structure.
- Must be a 500-word original composition with your ideas and may include references.

Section F. Filing Application, Resume and Essay.

Applicant: Submit this completed application, a current resume and essay entitled "How I Can Contribute to the Care of Older Adults" by September 1, 2021 to:

Irv Hoffman KSHL Scholarship
C/O Cynthia Nelson
602 N 1st
Lincoln, KS 67455

Or via Email: nelsoncynthia48@yahoo.com

The winner will be notified, and funds distributed, by September 20, 2021. The winner is requested to attend the Kansas Silver Haired Legislature's annual banquet on the evening of Wednesday, October 6, 2021 in Topeka to officially receive the award.