

## **JOSEPH T. RASCH NURSING SCHOLARSHIP**

### **Purpose**

The goal of the Joseph T. Rasch Nursing Scholarship is to help individuals who are active and motivated to dedicate themselves to the field of nursing.

### **General Overview**

The student selected will receive a total scholarship of \$1000, provided by funds raised by employees of Hospice Visions, Inc. and Visions Home Health and Visions Home Care, LLC. One scholarship will be awarded annually for the fall semester. Additional scholarships may be awarded based on availability of funds. Applications will be accepted from March 1<sup>st</sup>, 2019 through April 30<sup>th</sup>, 2019. Applications should be turned in to the Visions office at 1770 Park View Drive, Twin Falls, ID, 83301. If mailed, the application must be postmarked by April 30<sup>th</sup>, 2019.

### **Eligibility**

To be eligible for a scholarship an applicant must:

1. Be a resident of the state of Idaho for at least one year prior to applying for the scholarship.
2. Be a U.S. citizen or lawful permanent resident alien of the U.S.
3. Be enrolled in or accepted for admission to a nursing program in Idaho.

### **Application**

To be considered for the scholarship, you must submit:

1. A scholarship application during the submission period; and
2. A copy of your enrollment or acceptance letter to an approved Idaho nursing program; and
3. A copy of your Idaho driver's license or state issued identification card; and
4. A letter of professional recommendation (not from a family member); and
5. Your latest official transcripts which indicate your cumulative GPA. The transcripts must be received by the Visions office directly from the school or have been issued to the applicant in a sealed envelope, which shall remain sealed until its arrival at the Visions office.

### **Selection Criteria and Process**

Recipients will be selected by a scholarship committee made up of employees of Hospice Visions, Inc. and Visions Home Health and Visions Home Care, LLC. This committee will consist of persons of different disciplines and professional backgrounds. The committee will conduct a blind review of the following criteria:

1. The applicant is pursuing a certificate in practical nursing; or an associate, baccalaureate or graduate degree in nursing.

2. The applicants cumulative GPA: a minimum GPA of 3.0 on a 4.0 scale is preferred.
3. The professional letter of recommendation.
4. The completed application, including the essay.

## Joseph T. Rasch Nursing Scholarship Application

Academic Year 2019-2020

The application submission period is March 1<sup>st</sup>, 2019 to April 30<sup>th</sup>, 2019. All applications should be submitted to Tracy Fien at the Visions office, 1770 Parkview Drive, Twin Falls ID, 83301. If mailed, the application must be postmarked by April 30th, 2019. Tracy can be contacted Monday through Friday, 8 a.m. to 5 p.m. at 208-735-0121. Please call if you have questions. You can also download information and application for the scholarship on the facility websites at [hospicevisions.org](http://hospicevisions.org) or [visionshomecare.com](http://visionshomecare.com).

After Visions receives your application, you will receive a confirmation via e-mail or phone call. Ensure the e-mail address and phone number you provide on the application are correct. The committee is not responsible if an applicant provides an inaccurate or invalid e-mail address or phone number. The selection committee will review the applications and may ask the applicant to attend a short personal interview with members of the selection committee. If you have already been the recipient of this scholarship, you are no longer eligible to participate.

To apply for the scholarship, please submit the following:

1. A scholarship application during the submission period; and
2. A copy of your enrollment or acceptance letter to an approved Idaho nursing program; and
3. A copy of your Idaho driver's license or state issued identification card; and
4. A letter of professional recommendation (not from a family member); and
5. Your latest official transcripts which indicate your cumulative GPA. The transcripts must be received by the Visions office directly from the school or have been issued to the applicant in a sealed envelope, which shall remain sealed until its arrival at the Visions office.



**Joseph T. Rasch Nursing Scholarship Application**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **County of Residence:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Driver's license or state -issued ID number:** \_\_\_\_\_

**Citizenship**

**Are you a citizen of the United States?** Yes \_\_\_ No \_\_\_

**If no, are you lawful permanent resident alien?** Yes \_\_\_ No \_\_\_

**Years lived in Idaho?** \_\_\_\_\_

**In which nursing program will you be enrolled in during the academic year 2019-2020?**

\_\_\_ **Practical Nursing program**

\_\_\_ **Associate degree program**

\_\_\_ **Baccalaureate degree program**

\_\_\_ **Masters degree program**

**Name and full address of nursing school where you will be enrolled:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Number of credit hours required to graduate:** \_\_\_\_\_

**Which year will you be starting in school:** \_\_\_\_\_

For office use only:

ID number \_\_\_\_\_

**During the academic year 2019-2020, will you be enrolled:**

**Full-time (12 or more credits) \_\_\_\_ Part-time (4-11 credits) \_\_\_\_**

**If you have a current Idaho nursing license, please provide license number:**

\_\_\_\_\_

**Please give a brief explanation of your current plan to pay for your nursing education:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach a one page essay describing your personal reasons for pursuing the nursing field including previous work experience, volunteer activities, and personal interests.**

**"I affirm that the information provided in this application is truthful and accurate to the best of my knowledge, and that any intent to provide inaccurate or false information may result in the disqualification of my application or revocation of the scholarship"**

**Applicant Signature:** \_\_\_\_\_

**Signature Date:** \_\_\_\_\_