

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, LLC. 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 1st, 2025 through April 30th, 2025. Applications should be turned into the Visions office at 455 Park View Loop, Twin Falls, ID, 83301. If mailed, the application must be postmarked by April 30th, 2025.

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 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, LLC. and Visions Home Health and Visions Home Care, LLC. This committee will consist of people 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 applicant's 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 2025-2026

The application submission period is March 1st, 2025 to April 30th, 2025. All applications should be submitted to Tracy Fien at the Visions office, 455 Park View loop, Twin Falls ID, 83301, tfien@hospicevisions.org. If mailed, the application must be postmarked by April 30th, 2025. 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 or visionshomecare.com.

After Visions receives your application, you will receive 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 2024-2025?

___ **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 2025-2026, 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: _____