Elaine Marie Nelson Hoke Memorial Nursing Scholarship

Application Form

Name: _____

Address: _____
(House number and street) (City) (State) (Zip)

Phone Numbers: Home: _____ Work or Cell: _____

E-mail: _____

The following is information about my school and program:

School Name: _____Degree Program: _____

School Address: _____

Semester/year that I started college: _____

Semester/year that I was accepted into the nursing program: _____

Anticipated graduation date: _____

GPA: _____

Past education and training: _____

_____

On a separate sheet and in your own words, please respond to the following:

1. Please describe your career goals and why you have chosen the nursing profession.
2. Please explain how you have demonstrated community involvement.
3. Why should we select you for this scholarship?

Signature: _____ Date: _____

Application deadline is March 31

Please submit the following materials:

- Hoke Memorial Nursing Scholarship application form
- Documentation of acceptance/enrollment in an accredited registered nurse program
- Copy of education transcripts (unofficial copy is fine)
- Two professional recommendations from a current or previous employer, class advisor or instructor and/or another professional submitted as a formal letter of recommendation on business/school letterhead
- Current resume, including current and former employment, education and training, certifications, special skills, volunteer experiences and/or other professional experiences

Mail items to:

Elaine Marie Nelson Hoke Memorial Nursing Scholarship
Unit 6C
University Of Minnesota Medical Center, Fairivew
500 Harvard St SE
Minneapolis, MN 55455

For further information about this scholarship please contact:

- Teresa McCartney, tmccart1@fairview.org
- Brant Vlasak, bvlasak1@fairview.org
- Charlene Lewandowski, clewand1@fairview.org