

Community Health Foundation of Ponca City

Northern Oklahoma College
Tonkawa Campus

Nursing Scholarship Application

Please print neatly in dark ink.

Social Security Number _____ - _____ - _____

Name _____
Last First Middle

Home Address _____
Route, Street or P.O. Box City

State Zip Code

E-mail address: _____

Date of Birth _____ Marital Status _____ ☐ Male ☐ Female
mm/dd/yy

Phone Number(s) (____) ____ - ____ Home, (____) ____ - ____ Cell, (____) ____ - ____ Work

LPN ☐ Yes ☐ No Current Enrolled Credit Hours? _____

NOC Nursing Program GPA: _____ Pre-Nursing GPA: _____

Scholarship achievements, awards and national honor societies:

High School Information:

Graduation Year _____ High School GPA _____

Complete one or more of the following: ACT Scores or HESI Score

ACT Scores

English _____ Math _____ Reading _____ Science/Reasoning _____

Composite Score _____

HESI Score: _____

Is Applicant's request based on financial need? ☐ Yes ☐ No

Other School(s)/College(s) Attended _____

At that school/college:

Credit Hours Attempted _____ Credit Hours Earned _____ Grade Point Average _____

Are you currently employed? ☐ Yes ☐ No

If yes, where and in what capacity?

Where do you plan to work after graduation and in what capacity?

What are your long term career goals?

Why do you want to be a nurse?

What personal attributes do you have that you believe will help you in your nursing career?

What do you believe are the positives and negatives of practicing and living in a rural or underserved area?

What family ties do you have, if any, to Kay County?

If you received this scholarship, what impact would it have on your education and nursing career?

Describe an impactful experience you have had thus far in Nursing School.

Name of Student's Parent, Guardian or Closest Relative _____

Address of Parent, Guardian or Closest Relative _____

Route, Street or P.O. Box

City State Zip Code

Please Read Before Signing

The applicant is required to submit one letter of recommendation with this application. This letter of recommendation must be from a school official (preferably a professor at Northern Oklahoma College) and reflect academic achievement. The applicant should also submit a copy of their high school transcript (if not a past scholarship recipient of the Community Health Foundation) and a Northern Oklahoma College transcript. Incomplete applications will not be considered.

I fully understand the above information and I have completed this application to the best of my knowledge.

Signature of Applicant _____ **Date** _____

All Applicants should send this completed form along with the required materials to:

Community Health Foundation
P.O. Box 828
Ponca City, OK 74602-0828

Application must be received by the Community Health Foundation by: September 30, 2020 for fall or
January 31, 2021 for spring