Gonzales Healthcare Systems Foundation

Hannah Siepmann Deschner Nursing Scholarships

Gonzales Healthcare Systems Foundation offers Nursing Scholarships in honor of Hannah Siepmann Deschner. This scholarship is available to persons interested in obtaining licensure as a Registered Nurse, Nurse Practitioner or a Bachelor of Science or Master of Science in Nursing. Preference is given to residents of Gonzales and surrounding communities and those wishing to become employees of Gonzales Healthcare Systems after licensure. Any person interested in applying for this scholarship, must submit the following information.

1. Resume
2. High School Transcript/GED
3. Letter of Intent which includes:
    a. Why you would like to become a nurse
    b. Career Goals
    c. Your intentions after you obtain your degree
4. Acceptance letter from nursing school
   Selected scholarship recipients will be required to submit proof of nursing-related courses in student's fall schedule to the scholarship committee before funds are released.
5. Approximate cost of educational program
6. Educational plan
7. References from:
    a. Teacher
    b. Healthcare Professional
    c. Personal Reference

Gonzales Healthcare Systems Foundation will award up to four scholarships annually to qualified applicants. Each award is $3000, and will be renewable at the same level for the subsequent semester, contingent on the applicant continuing in the same program and maintaining a GPA of 3.0 on a 4.0-point system. A copy of the most recent transcript and evidence of continuation in the program will suffice for consideration of approval for an award for the following semester.

1. Applicants may apply for this scholarship one time per program level.

2. Application forms will be available on the Foundation page at www.gonzaleshealthcare.com

3. Applications will be accepted twice a year. The deadline for submission of scholarship applications will be as follows:

   February 1, with awards announced March 1;

   August 1, with awards announced September 1.

4. Information on this application will be confidential to the scholarship committee.

5. No person shall be denied this scholarship because of sex, race, creed, color, or national origin.

All applications must be emailed to hdanz@gonzaleshealthcare.com.

You may call Holly Danz with Gonzales Healthcare Systems Foundation with any additional questions; 830-672-7581 ext. 1020

Due Dates: February 1, 2025 and August 1, 2025

BACKGROUND INFORMATION

Personal Information

Name: _____
Last First Middle Initial

Social Security Number: _____ Date of Birth: _____/ _____/ _____

Permanent Physical / Street Address: _____

Permanent Mailing Address / P.O. Box (if applicable): _____

City, State, and Zip: _____

Permanent Home Phone Number: (_____) _____ County: _____

Physical / Street Address while in School: _____

Mailing Address / P.O. Box while in School (if applicable): _____

City, State, and Zip: _____

Home Phone Number: (_____) _____ Work Phone Number: (_____) _____

E-Mail Address: _____

Education Information

HIGH SCHOOL INFORMATION:

High School Attending / Attended: _____

Physical/Street Address _____

Mailing Address: _____

City, State, and Zip: _____ County: _____

Graduation Date: _____/ _____/ _____ Overall Average Grade: _____

GED Received: _____/ _____/ _____

COLLEGE INFORMATION:

College Attending or Most Recently Attended: _____

Physical / Street Address: _____

Mailing Address / P.O. Box (if applicable) Address: _____

City, State, and Zip: _____

Status (check one): ¡ Full-Time ¡ Part-Time Total Credit Hours Earned: _____

Graduation Date: _____/ _____/ _____

If Not Graduated, Last Semester Attended: _____/ _____/ _____

Activities and Community Service

Name: _____ **Date:** _____

Awards, Activities, and Community Service

Academic awards: List high school academic awards and honors.

Name of award	Date received	Purpose of award
_____	__ __/____/	_____
_____	__ __/____/	_____
_____	__ __/____/	_____
_____	__ __/____/	_____
_____	__ __/____/	_____
_____	__ __/____/	_____

Extra-curricular activities: List high school extracurricular activities other than employment. Include names of athletic activities, and clubs.

Name of activity	Office held	Dates
_____	_____	__ __/____/_____
_____	_____	__ __/____/_____
_____	_____	__ __/____/_____
_____	_____	__ __/____/_____
_____	_____	__ __/____/_____

Community service: List any community or volunteer service you have performed.

Name of award	Date performed	Purpose of service
_____	__ __/____/	_____
_____	__ __/____/	_____
_____	__ __/____/	_____
_____	__ __/____/	_____
_____	__ __/____/	_____

Letter of Intent

Name: _____ **Date:** _____

Please include why you would like to become a nurse, what your nursing goals are, and what your intentions are after you begin your nursing Career.

_____ _____ ____/____/_____

Signature Typed Name Date Signed

LETTERS OF RECOMMENDATION

ATTACH LETTERS OF RECOMMENDATION TO THIS APPLICATION FOLLOWING THIS PAGE. *(Minimum three)*

Letters of recommendation are sent to and attached by the *nominee*. After this section is completed, the *nominee* submits the Application. Letter of recommendation must be typed on letterhead or plain white letter size paper. Writers must address the following in their letters:

- How long and in what capacity they have known the nominee.
- What characteristics make this individual a good candidate for recognition?
- Why they think the nominee should be recognized for the Gonzales Healthcare Systems Scholarship.

HEALTH CARE ACADEMIC PROGRAM INFORMATION

Degree Plan

First Year: _____

Course Name	Course Number	Credit Hours
	Total Credit Hours 1st Yr:	

Second Year: _____

Course Name	Course Number	Credit Hours
	Total Credit Hours 2nd Yr:	

COST OF ATTENDANCE

INSTITUTION INFORMATION:

Academic Program in which Student is enrolled: _____

Name of Academic Institution: _____

Physical / Street Address: _____

Mailing Address / P.O. Box (if applicable):_____

City, State, and Zip: _____

Name and Title of Financial Aid Officer: _____

Financial Aid Officer Phone Number: (_____) _____Fax: (_____) _____

Anticipated Graduation Date: ____/____/____

ALLOWABLE COSTS	**Fall** **Tuition due date:** ____/____/____	**Spring** **Tuition due date:** ____/____/____	**Summer** **Tuition due date:** ____/____/____
Tuition & Fees	$	$	$
Books & Supplies	$	$	$

_____ _____ ____/____/_____

Signature of Financial Aid Advisor | Typed Name and Title | Date Signed