

Irv Hoffman Kansas Silver Haired Legislature Nursing Scholarship Application

Eligibility Criteria:

- Must be a US citizen and a resident of Kansas.
- Must be enrolled full-time in the final year of LPN or RN nursing courses at a nationally accredited Kansas college or university.
- Must complete a 500-word essay titled "How I Can Contribute to the Care of Older Adults".

Section A: Identification Information

Last Name: _____ First Name: _____ MI _____

Date of Birth: ____/____/____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Alternate/Cell Number: _____

E-Mail Address: _____ Are you a resident of Kansas? _____

Are you a US citizen? _____ Are you enrolled full time in a Kansas Nursing Program? _____

Name of Nursing Program _____

Work experience _____

Honors, awards or achievements _____

Extracurricular or volunteer activities _____

Section B: Certification and Release of Information

Applicant: Sign and date the certification and the authorization for release of information. I affirm that the information reported is complete, accurate, and true to the best of my knowledge.

I have authorized Nurse Administrator, Director, Chair or Dean of the Nursing Program to release the information requested for the purpose of determining eligibility for the Silver Haired Legislature Scholarship.

I understand that the application and essay must be postmarked or received by email no later than April 1, 2024. Applications postmarked or received by email after April 1st, will not be accepted.

Applicant Signature _____ Date _____

Section C: Student Status Verification; Release of Information Form

Applicant, please sign and give to the Nurse Administrator, Director, Chair or Dean of your nursing program.

Applicant Last Name _____ First Name _____

I authorize school officials to release the information requested to the Kansas Silver Haired Legislature Scholarship Committee, for the purpose of determining eligibility for an Irv Hoffman Kansas Silver Haired Legislature Nursing Scholarship.

Signature _____ Date _____

Section D. Student Status Verification

Completed by the Nursing Program

Nurse Administrator, Director Chair or Dean of the nursing program: Please complete this section for the Applicant. All scholarship related information must be postmarked or received by email no later than April 1, 2024.

Student Name: _____

School/Program Name _____

Name of Program Administrator _____

Program Administrator Contact Telephone: _____

Student's beginning date in nursing program: _____

Student's expected completion date for nursing program: _____

Please indicate program/degree type: _____

The professional nursing program student: In good standing? Yes _____ No _____

Current GPA or ranking _____

Student is full time? Yes _____ No _____ Student is a resident of Kansas. Yes _____ No _____

Program Administrator's Signature _____ Date _____

Section E. Essay Instructions:

- Titled "How I Can Contribute to the Care of Older Adults", typed and double spaced.
- Use appropriate grammar and sentence structure.
- Must be a 500-word original composition with your ideas and may include references.

Section F. Filing Application, Resume and Essay.

Applicant: Submit this completed application (with more pages as needed) and essay entitled "How I Can Contribute to the Care of Older Adults" by April 1, 2024 to:

Irv Hoffman KSHL Scholarship
C/O Mary Calhoun
7916 Oakview Drive
Lenexa, KS 66215

Or via Email: merrilee517@yahoo.com

The winner will be notified and funds distributed prior to the start of each semester. The winner is invited to attend the Kansas Silver Haired Legislature's annual banquet on the evening of October 9, 2024 in Topeka to formally receive the award.