



## 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 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 School of Nursing? \_\_\_\_\_

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 March 1, 2026. Applications postmarked or received by email after March 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 March 1, 2026.

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 Can I Contribute to the Care of Older Adults", typed and double-spaced
- Use appropriate grammar and sentence structure
- Must be a 500-word original composition (no AI) with your ideas and may include references
- Personalize it with family or work experiences with the elderly

### 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 March 1, 2026 to:**

**Irv Hoffman KSHL Scholarship  
C/O Mary Calhoun  
7916 Oakview Drive  
Lenexa, KS 66215 or by Email to [merrilee517@yahoo.com](mailto: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 KSHL annual banquet in October, date to be determined, 2026, to formally receive the award.**