



Newman Regional Health is awarding four \$3000 Scholarships for the 2024-2025 school year for students attending Emporia State University Department of Nursing. Scholarships are designed to support students from Lyon and surrounding counties. Especially those students with an interest in Rural nursing with intent to stay in their communities after graduation.

Newman Regional Health awards scholarship based on a comprehensive process. Areas reviewed by the committee are Letter of Application, Resume, GPA, and Letter of Recommendation.

**Selection Criteria.**

1. Resident of Lyon or surrounding County for past 12 months prior to application
2. Must be admitted to Emporia State University School of Nursing
3. Must be enrolled Full Time
4. Must have a cumulative grade point average of 3.0

To apply, please send the following requirements to the email address below:

- 1) Letter of Application
- 2) Copy of Professional Resume
- 3) Letter of recommendation (to be sent directly from faculty)

Send application materials to:

Ashley Nehls, Talent Acquisition Partner  
Newman Regional Health  
Email: [anehls@newmanrh.org](mailto:anehls@newmanrh.org)

Applications must be returned by November 1, 2024 and awards will be announced November 15, 2024.

If you have any questions, please call Ashley Nehls at 620-343-6800 ext. 24105

**APPLICANT DATA**

\_\_\_\_\_  
Name (last, first, middle) \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Age \_\_\_\_\_  
Permanent Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Message Phone (\_\_\_\_) \_\_\_\_\_

**EDUCATION:**

School Name	City, State	Degree

**GOALS & ASPIRATIONS:**

Describe why you feel you would be a good nurse and your goals as they pertain to nursing.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK EXPERIENCE:** *(if applicable)*

Describe your work experience for the past five years.

Company Name/ City & State	Position	Dates of Service	Hours per week	Job Duties


**TRANSCRIPT:**

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Every applicant must submit a complete current transcript of college grades.

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**SCHOOL VERIFICATION & FACULTY RECOMMENDATION:**

\*See attached form

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To be considered as a recipient of the scholarship funds outlined above, all applicants must verify enrollment and select two (2) faculty members as references. **Please take a copy of the verification and faculty recommendation form found attached to the application to each faculty member you would like to be a reference for you.**

*Faculty members will submit this portion of the application directly back to Newman Regional Health to: [anehls@newmanrh.org](mailto:anehls@newmanrh.org)*

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**CERTIFICATION:**

I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information will result in the cancellation of the scholarship.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Newman Regional Health awards scholarships without regard to race, religion, creed, age, sex or national origin. Newman Regional Health is an equal opportunity lender and grantor.

**Verification & Faculty Recommendation**

Scholarship Applicant Name: \_\_\_\_\_

Faculty Member Name: \_\_\_\_\_

Please complete the following recommendation form for the student listed above. The evaluation is based on a 5 point Likert scale. Please **circle** your response to each category.

- 1. **Strongly Disagree**
- 2. **Disagree**
- 3. **Neutral**
- 4. **Agree**
- 5. **Strongly Agree**

<b>Student has a deep sense of empathy and compassion for others</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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<b>Student is able to adapt quickly to new situations, procedures, and technologies</b>	<b>1 2 3 4 5</b>
<b>Student displays strong critical thinking skills and is able to assess situations, analyze information and make informed judgements</b>	<b>1 2 3 4 5</b>
<b>Student effectively communicates with others</b>	<b>1 2 3 4 5</b>
<b>Student is punctual to all classes and clinical placements</b>	<b>1 2 3 4 5</b>
<b>Student is professional in manner, dress, and grooming</b>	<b>1 2 3 4 5</b>

Do you recommend this student as a Newman Regional Health scholarship recipient **YES** **NO**

Additional Comments:

I verify that this student has been accepted and is enrolled at \_\_\_\_\_  
for the 2024-2025 school year. *(Name of School)*

\_\_\_\_\_  
Signature and Title of Faculty Member

*Faculty members will submit this portion of the application directly back to Newman Regional Health via email to [anehls@newmanrh.org](mailto:anehls@newmanrh.org)*

**Verification & Faculty Recommendation**

Scholarship Applicant Name: \_\_\_\_\_

Faculty Member Name: \_\_\_\_\_

Please complete the following recommendation form for the student listed above. The evaluation is based on a 5 point Likert scale. Please **circle** your response to each category.

- 1. **Strongly Disagree**
- 2. **Disagree**
- 3. **Neutral**
- 4. **Agree**
- 5. **Strongly Agree**

<b>Student has a deep sense of empathy and compassion for others</b>	<b>1 2 3 4 5</b>
<b>Student is able to adapt quickly to new situations, procedures, and technologies</b>	<b>1 2 3 4 5</b>
<b>Student displays strong critical thinking skills and is able to assess situations, analyze information and make informed judgements</b>	<b>1 2 3 4 5</b>
<b>Student effectively communicates with others</b>	<b>1 2 3 4 5</b>
<b>Student is punctual to all classes and clinical placements</b>	<b>1 2 3 4 5</b>
<b>Student is professional in manner, dress, and grooming</b>	<b>1 2 3 4 5</b>

Do you recommend this student as a Newman Regional Health scholarship recipient **YES**    **NO**

Additional Comments:

I verify that this student has been accepted and is enrolled at \_\_\_\_\_  
for the 2024-2025 school year. *(Name of School)*

\_\_\_\_\_  
Signature and Title of Faculty Member

*Faculty members will submit this portion of the application directly back to Newman Regional Health via email to [anehls@newmanrh.org](mailto:anehls@newmanrh.org)*