



## **BOYLE ENDOWMENT FOR NURSING STUDIES SCHOLARSHIP APPLICATION**

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**APPLICATION DEADLINE: February 15**

**BACKGROUND:** The Boyle Endowment for Nursing Studies is administered by the Siouxland Community Foundation headquartered in Sioux City, Iowa. This scholarship fund was established in 2001 by Boyle Companies in order to promote the study of Nursing at the community level.

**PURPOSE:** The purpose of the scholarship program is to assist graduating high school seniors in their pursuit of a post-secondary education to prepare them for a career in the field of Nursing or Nursing Home Administration.

**ELIGIBILITY CRITERIA:** Applicants must be graduating seniors from a high school located in:

- Creston, Onawa, Rock Rapids, Rockwell City or Shenandoah, Iowa
- North Platte, Nebraska

**SELECTION CRITERIA:** Selection of recipients is based on such factors as scholastic performance while in high school, ACT/SAT test scores, school and/or community service activities, work history, and essay evaluation.

**SCHOLARSHIP AWARD:** \$500, not renewable.

**APPLICATION PROCEDURE:** Application must be received by the February 15 deadline. *If the deadline falls on a weekend or holiday, the deadline is the first working day after February 15.* Application must include the following:

- Completed application with signature
- Essay
- Two (2) recommendations
- High School Certification Form with official high school transcript

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*Send application to:*  
**BOYLE ENDOWMENT FOR NURSING STUDIES  
c/o SIOUXLAND COMMUNITY FOUNDATION  
505 FIFTH STREET, SUITE 412  
SIOUX CITY, IA 51101**

# BOYLE ENDOWMENT FOR NURSING STUDIES

A Scholarship Program of the Siouland Community Foundation

## SCHOLARSHIP APPLICATION

Application Deadline: February 15

### APPLICANT

- Name: \_\_\_\_\_  
Last First Middle
- Home Address: \_\_\_\_\_  
Street City State Zip
- Telephone: ( ) \_\_\_\_\_
- Social Security Number: \_\_\_\_\_
- E-mail Address: \_\_\_\_\_
- Names of Parents/Guardians: \_\_\_\_\_
- Address, if different from applicant: \_\_\_\_\_  
Street City/State Zip
- Telephone, if different from applicant: ( ) \_\_\_\_\_

### SCHOOL DATA

- Name of Present High School: \_\_\_\_\_  
Street City State Zip
- High School Graduation Date: \_\_\_\_\_  
Month Year
- Post-secondary institution for which scholarship is requested: \_\_\_\_\_  
Street City State Zip
- Enrollment:  Full-time  Part-time Career Choice:  Nursing  Nursing Home Administration

### APPLICANT PROFILE (For this and other such questions, use an additional sheet of paper if necessary.)

- Academic Achievement: Your school transcript will contain a summary of subjects and grades. List below academic honors or awards you have received.

Honor/Award	Reason for Award	Year Awarded (Fr. Soph. Jr. Sr.)
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_____	_____	_____
_____	_____	_____

- High School Activities: List below all activities (school and/or community) in which you have participated to a significant degree and to which you have made a positive contribution during high school years.

Activity	Position Held	Years of Participation (Fr. Soph. Jr. Sr.)
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_____	_____	_____
_____	_____	_____
_____	_____	_____

- Paid Work Experience (Full or Part-time): List below work experience during high school years.

Employer	Job Description	Dates	Hours Per Week
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_____	_____	_____	_____
_____	_____	_____	_____

4. List volunteer or paid work experience in the field of nursing or nursing home administration during high school years:

Name of Business	Job Description	Dates	Hours Per Week
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5. Unusual Circumstances: Please report any family and/or personal circumstances/hardships which you think warrant consideration.

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### FINANCIAL INFORMATION

- Annual Family Income:  Under \$21,000     \$21,000-\$30,000     \$31,000-\$40,000     \$41,000-\$50,000  
 \$51,000-\$60,000     \$61,000-\$70,000     \$71,000-\$80,000     \$81,000-\$90,000     Over \$90,000
- Total number of persons within the household (include parents, applicant, other dependents): \_\_\_\_\_
- Number in household, including applicant, who will attend college **full-time** during upcoming academic year: \_\_\_\_\_

Estimate of Anticipated Annual Educational Expenses:		Anticipated Income To Meet Your Educational Expenses:		Requested or Applied for
		Assured		
Tuition & fees	\$ _____	Personal savings	\$ _____	\$ _____
Books & supplies	\$ _____	Family resources	\$ _____	\$ _____
Room & board	\$ _____	College financial aid	\$ _____	\$ _____
Personal expenses	\$ _____	Outside employment	\$ _____	\$ _____
Other _____	\$ _____	Other scholarships (please list)		
_____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	_____	\$ _____	\$ _____
<b>Total</b>	\$ _____	<b>Total</b>	\$ _____	\$ _____
	=====		=====	=====

### ESSAY

Please write an essay (not to exceed two typewritten, double-spaced pages) describing your educational plans as they relate to your personal aspirations and career goals in the nursing or nursing home administration field. Include motivating factors or experiences which helped shape your personal philosophy and/or your educational plans/career goals. **Applications without an essay will not be considered.**

### LETTERS OF RECOMMENDATION

Applicants are required to submit **two** recommendations, one from a high school teacher and one from any adult of your choice who is not a family member. Recommendation forms are provided and should be returned along with your application, essay, high school certification form, and official school transcript. The Siouxland Community Foundation must receive all required application materials by the February 15 application deadline. *If the deadline falls on a weekend or holiday, the deadline is the first working day after February 15.*

### CERTIFICATION

I certify that all information provided in this application is true and complete to the best of my knowledge.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

*Send your completed application to:*

Boyle Endowment for Nursing Studies  
c/o Siouxland Community Foundation  
505 Fifth Street, Suite 412, Sioux City, IA 51101  
(712) 293-3303



# BOYLE ENDOWMENT FOR NURSING STUDIES

A Scholarship Program within the Siouxland Community Foundation

## APPLICANT RECOMMENDATION FORM

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### Application Deadline: February 15

To be completed by a high school teacher or another adult (other than a family member). The person who fills out this form must be different from the person who fills out the High School Certification Form.

1. Name of Applicant: \_\_\_\_\_
2. How long have you known the applicant? \_\_\_\_\_
3. How are you acquainted with this applicant? \_\_\_\_\_
4. Please describe the applicant's character, ambition to succeed, academic and leadership abilities. (May use reverse side)

5. Please add any information which you feel might assist the selection committee. (May use reverse side if necessary)

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please place this completed form in a sealed envelope and give it to the student for submission with his/her scholarship application.**

*Questions may be directed to the Siouxland Community Foundation at (712) 293-3303.*

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A Scholarship Program within the Siouxland Community Foundation

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