



801 North State Street, Greenfield, IN 46140
317-468-4583 • 317-468-4194 (fax)
www.hancockregional.org

Edith Zike Nursing Scholarship

The Edith Zike Nursing Scholarship was created in 1970 in memory of a dedicated local nurse, Edith Zike, to encourage entry into the nursing profession thereby assuring the community of a continued high level of nursing care.

The Hancock Health Foundation provides nursing scholarships of up to \$2,000 per recipient.

Applicants must live or work in the Hancock Health primary service area*. Applicants can be high school seniors accepted into a nursing or pre-nursing program, nursing students with partially completed programs, or Registered Nurses pursuing a Bachelor's degree or other advanced degree.

Selection criteria include academic achievement, community or extracurricular involvement and demonstration of interest and/or experience in nursing activities.

The Edith Zike Scholarship selection committee may request personal interviews with selected applicants.

For more information call the Hancock Health Foundation office at 317-468-4106.

*Hancock Regional Hospital Primary Service Area

46040	Fortville	46163	New Palestine
46055	McCordsville	46173	Rushville
46115	Carthage	46176	Shelbyville
46117	Charlottesville	46186	Willow Branch (Wilkinson)
46129	Finly	46236	Lawrence
46130	Fountaintown	47337	Dunreith
46140	Greenfield	47351	Kennard
46148	Knightstown	47352	Lewisville
46154	Maxwell	47384	Shirley
46161	Morristown	47385	Spiceland

**Hancock Health Foundation
Edith Zike Nursing Scholarship Application**

Name: _____ Date of Application: _____

High School (attending/attended): _____

Current Post-Secondary School, if applicable: _____

Home Address: _____

Phone: _____ (Alt.): _____ E-mail: _____

Nursing Program Information

Nursing School/Location (specify campus, if applicable):

Type of Nursing Program (mark one):

Associates Bachelors Masters Nurse Practitioner Other (specify): _____

Currently taking classes? Yes No

If no, will attend: Full-time Part-time specify hours/semester: _____

Classes will begin: Fall 2019 Summer 2019

Anticipated date of completion of Nursing Program: _____

Please submit the following documents with your completed application:

- A personal Letter of Introduction that highlights your academic achievements, community and/or extracurricular activities and your interest and/or experience in nursing activities.
- Three Letters of Reference from persons not related to you. At least one letter must be from an academic professional from your current program. Letters must be on official letterhead (when applicable) with an original signature. E-mail references are not accepted.
- School transcript(s) including courses, grades and current GPA.
- If you are not currently attending a nursing or pre-nursing program, please submit a letter of acceptance from the program you will be attending.

I certify that all information included in this application is true. Any falsification of information or failure to attend the program as described in this application will require full refund of any awarded scholarship monies.

Applicant Signature: _____ Date: _____

Parent Signature if applicant <18 years: _____ Date: _____

Application Deadline: March 1, 2019 - 4pm. Completed application and all accompanying documentation must be received by the specified date/time in order to be considered.

Applicant: Please provide this form to individuals who will be writing Letters of Reference for you.

**HANCOCK HEALTH FOUNDATION EDITH ZIKE
NURSING SCHOLARSHIP REFERENCE LETTER
GUIDELINES**

Applicant Name

You have been asked to write a letter of recommendation for the above named applicant for the Hancock Health Foundation Edith Zike Nursing Scholarship. The Edith Zike Nursing Scholarship was created in 1970 in memory of Edith Zike because of her professionalism and exceptional dedication to nursing. Hancock Health Foundation will award one or more Zike scholarship annually, up \$2,000 each. As you prepare to write this letter, please consider the scholarship eligibility and selection criteria listed below. This information may assist you in composing your letter. Letters must be on official letterhead (when applicable) with an original signature. E-mail references not accepted.

Eligibility Criteria: The applicant must:

1. Applicants must live or work in the Hancock Health primary service area.
2. Applicants can be high school seniors accepted into a nursing or pre- nursing program, nursing students with partially completed programs, or Registered Nurses pursuing a Bachelor's degree or other advanced degree.

Selection Criteria include:

1. Academic achievement.
2. Community and/or extra curricular involvement.
3. Demonstration of interest and/or experience in nursing activities.

Completed applications must be received at the address below by 4pm on March 1, 2019. Recommendation letters can be given to the applicant to include with the scholarship application or mailed to:

Hancock Health Foundation
801 N. State St.
Greenfield, IN 46140

Any questions that you have should be directed to the applicant.