**St. Joseph’s Villa Memorial Healthcare Scholarship**

**Application**

**In honor of**

**Marilyne E. Vaspar and Mary S. Demuth**

Scholarship Guidelines

1. A $500 Scholarship is available annually for one student from Aquinas High School and One from David City High School who are pursuing further education in the **nursing profession.**
2. The applicant must be enrolled in an accredited school of higher education full time (12 hours)
3. Selection of the recipients will also be based on leadership and citizenship roles and activities.
4. Application forms must be received by March 15 of each year. The St. Joseph’s Board of Directors will review the applications and make the final decision based on the above criteria.
5. Scholarship applicant will be notified in writing of the results. Upon receipt of the most current quarter grades the distribution of funds will be sent to the school attended.
6. Completed application must be typed and returned to the Administrator by the deadline. Failure to supply all paperwork will disqualify your application. (The application is available on our website: saintjosephsvilla.org )

Alex Wilford

St. Joseph’s Villa

927 Seventh St.

David City, NE 68632

**High School Student Scholarship Application**

**St. Joseph’s Villa and Court Memorial Scholarship -Marilyn E. Vraspir and Mary S. Demuth**

Name of applicant:

Address:

Phone:

E-Mail Address:

Date of Birth: Place of Birth:

High School Attending

Date of High School Graduation:

College you plan to attend:

Address of College:

Educational Major:

Have you received any other scholarships?

Why have you selected this career?

What experience have you had in the health care field?

Discuss your roles of leadership in your school and community.

Please attach a reference letter from a School Official or current employer.

Parent or Guardian Name:

If this application is accepted by St. Joseph’s Villa, Inc., and a scholarship is awarded the undersigned hereby agrees to abide by the guidelines regarding the use of the scholarship funds.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_