



2024 Application Information for Marilyn Nissen Nursing Scholarship through the Boone County Health Center Foundation

The Marilyn Nissen Nursing Scholarship is offered through Boone County Health Center Foundation to assist recipients pursuing a nursing degree.

Marilyn Nissen, R.N. was a long-time oncology nurse at the Boone County Health Center. She performed an amazing service and many patients are alive and well because of her expertise. Marilyn placed a high value on education. This scholarship was formed to honor her as well as continue upon her work.

Boone County Health Center (BCHC) is a 22-bed, county owned critical access hospital. Seven family doctors, six physician-assistants and 3 Nurse Practitioners are amongst the 350 staff members at the Health Center's Hospital and its five medical clinics.

Information

1. Eligibility:

High school seniors who have been accepted to or who have the intent of applying to an accredited nursing program are eligible to apply. They must also be a resident of the Albion, Bartlett, Belgrade, Cedar Rapids, Elgin, Ericson, Fullerton, Greeley, Lindsay, Newman Grove, Petersburg, Primrose, Spalding or St. Edward community.

2. Amount:

Two scholarships will be awarded in the amount of \$250 or \$500 to two separate graduating high school seniors. Students with the intent of enrolling in an accredited nursing program will be eligible for \$250. Students who have been accepted in an accredited nursing program will be eligible for \$500. The scholarship money is payable in full directly to the college. **Proof of enrollment must be provided to BCHC Foundation no later than August 1st unless the school runs on a non-traditional cycle.**

3. Award Presentation:

Upon request, the scholarship will be presented by a BCHC Scholarship Committee member at the high schools honors ceremony or high school graduation according to the procedure at their high school.

Requirements for the 2024 Marilyn Nissen Nursing Scholarship through Boone County Health Center Foundation

**Please complete the attached application form
and return it with the following information:**

1. Essay (500 words):

Write a concise paper about yourself; why you have chosen a nursing career, what this scholarship means to you and relevant work experience. Also include the personal and professional goals you hope to achieve in your role as a nurse. Finally tell us about your community service participation and your involvement with extracurricular activities.

2. Personal References:

Two personal references must complete Reference of Support Form (attached). These should be from faculty who have recently taught you (past two years) and know your academic and personal attributes and abilities. Letter of Recommendation should discuss applicant's motivation, completion of assignments, and academic abilities as well as personal traits related to communication and leadership.

3. High School Transcript:

Include a copy of your seven-semester transcript showing your academic standing to date.

Application and Reference Forms are online at:
<https://boonecohealth.org/foundation>

*Please mail or bring the completed reference
form and letter of recommendation to:*

Boone County Health Center Foundation
Attn: Sarah Grape, Foundation Director
723 W Fairview/PO Box 151
Albion, NE 68620

**2024 Application for Marilyn Nissen Nursing
Scholarship through Boone County Health Center Foundation**

Personal Data

Date: _____

1. _____
Last Name First Name M.I.

2. _____
Street Address City County

3. _____
Day Time Phone # Evening Phone #

4. List any additional forms of financial assistance in addition to this scholarship you will be utilizing, grants or approved loans. Attach a separate sheet if more space is needed.

5. Current High School

6. College where scholarship will be used:

College mailing address

7. Name of program accepted to or plan to apply to

8. Honors Ceremony Date or Graduation Date where scholarship will be presented.

I affirm that the answers to the foregoing questions are true and correct. I understand that Boone County Health Center Foundation shall not be liable in any respect if my scholarship is terminated due to false or misleading statements.

Signature of Applicant

Date

Postmarked Deadline: March 29, 2024

2024 Reference for Support Form for Marilyn Nissen Nursing Scholarship through Boone County Health Center Foundation

To the Respondent: The individual named below has applied for the Marilyn Nissen Nursing
Scholarship through Boone County Health Center Foundation.

Name: _____

Please respond to the following questions by circling the appropriate letter:

1. I believe the applicant's ability to successfully pursue a nursing career is:
a. Superior b. Excellent c. Good d. Fair e. Poor
2. How do you know this applicant?
a. Student b. Employee c. Other _____
3. How long have you known this applicant? _____
4. Rate this applicant using the following scale:

0 cannot judge	1 below average	2 average	3 above average	4 excellent
___ initiative	___ works well w/others	___ responsibility	___ thoroughness	
___ maturity	___ oral communication	___ compassion		
___ integrity	___ attention to detail			
___ leadership	___ critical thinking skills			
___ writing skill	___ intellectual curiosity			

Letter of Recommendation:

Please attach a separate sheet for a formal letter of recommendation that will evaluate the candidate in relation to the following: applicant's motivation, completion of assignments, and academic abilities as well as personal traits related to communication and leadership.

Signature

Date

Type or Print Name

School

Address

Position

Daytime Phone

Please mail or bring the completed reference form and letter of recommendation to:

Boone County Health Center Foundation

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