

**St. Francis Hospital Foundation  
Robert J. Stoll and Lorena A. Stoll Scholarship  
Application**

Application Deadline – August 13, 2021

APPLICANT INFORMATION			
Last Name:	First Name:	Middle Initial:	
Maiden Name/Other Names Used:		SSN#:	
Address:		Telephone (home): (     )	
City:	State:	Zip:	County:
E-mail:		Telephone (cell): (     )	
How long have you lived at your address?			
Are you eligible to work at Mosaic Medical Center-Maryville for one year following graduation?      Yes      No			
How did you learn about the Robert J. Stoll and Lorena A. Stoll Scholarship?			
PROGRAM TYPE			
Indicate the program in which you are enrolled.			
LPN Certificate		Associate Degree Nursing (ADN)	
Bachelor of Science Degree Nursing (BSN)		Master of Science Degree Nursing (MSN)	
PLEASE SUBMIT AN <b>ORIGINAL TRANSCRIPT</b> WITH THIS APPLICATION FOR EACH PRIOR ACADEMIC INSTITUTION ATTENDED. IF YOU HAVE A GED, INCLUDE THE <b>ORIGINAL TRANSCRIPT</b> WITH SIGNATURE.			
Circle the highest grade completed: <b>High School:</b> 9 10 11 12 <b>GED</b> <b>College:</b> 1 2 3 4			
High School Attended and Location:			Graduation Date:
Technical/Vocational School Attended and Location:		Dates Attended:	Degree Earned:
College/University Attended and Location:	Dates Attended/Hours:	Graduation Date:	Degree Earned:
<b>** IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SEPARATE SHEET. **</b>			

ENROLLMENT VERIFICATION		
Name of Nursing program in which you are enrolled:		Address:
Contact Person:	Title of Contact Person:	Telephone: (     )

**All information is kept confidential.**

Current Year in the Program:	Academic Year:	Program Start Date:	Cost per semester?
<b>APPLICANT MUST SHOW EVIDENCE OF ACCEPTANCE INTO THE NURSING PROGRAM AND SHOW PROOF OF ENROLLMENT IN A NURSING CLASS.</b>			
<b>EMPLOYMENT</b>			
Are you currently employed? Yes      No	Start Date:	Do you plan to remain with this employer? Yes      No	
If yes, name and address of employer:		May we contact you at work? Yes      No Work Phone: (      )	
<b>FINANCIAL RESOURCES</b>			
Indicate how you plan to pay expenses: (check all that may apply)			
Family support	Summer earnings	Financial aid	Employment
Other _____			
Number of people in your family: # of Adults _____ # of Children _____, Ages _____ # Attending College _____			
Other financial considerations which need to be noted:			
Please list scholarships you know you will receive:			
<b>PERSONAL STATEMENT</b>			
<b>On a separate sheet, submit a personal statement describing your commitment to the profession of nursing in your community.</b> This statement is not to exceed one single-spaced typewritten page. <b>Please also attach a listing of health care activities you have been involved with.</b> <i>(It is important for the selection committee to have this information from all applicants.)</i>			
<b><u>APPLICATIONS MUST BE HAND DELIVERED OR POSTMARKED BY AUGUST 13, 2021.</u></b> <b>INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. QUESTIONS REGARDING THE APPLICATION AND SELECTION PROCESS SHOULD BE DIRECTED TO LISA EWING AT 660/562-7900 or email at Lisa.Ewing@mymlc.com.</b>			
<i>I certify that the information contained in this application is true, complete and correct to the best of my knowledge, and that all funds will be used for educational-related expenses in the current academic year. I hereby authorize the release of personal, scholastic and financial information related to my educational status from any academic institution. I certify that I am currently enrolled in a nursing program.</i>			
Signature of Applicant:		Date:	

**NOTE:** *The Robert J. Stoll and Lorena A. Stoll Scholarship program is a competitive process, and all eligible applications will be evaluated. One scholarship will be awarded in the amount of \$2,000, with an alternate \$1,000 scholarship awarded should funds be available, each year. Preference will be given to applicants planning to continue their career in the Maryville area.*

**The Robert J. Stoll and Lorena A. Stoll Scholarship application must be completed in its entirety for the applicant to be eligible for consideration. Completed application should be sent to:**

**Lisa Ewing  
St. Francis Hospital Foundation  
2016 South Main Street, Maryville, MO 64468**

**All information is kept confidential.**