

ST. LOUIS UNIVERSITY SCHOOL OF NURSING
Application for Visiting Nurse Association of Greater St. Louis Scholarships
for 2017-2018 Academic Year
to be awarded by
THE HOME HEALTH CARE FOUNDATION

Deadline for Application: March 1, 2017

The Home Health Care Foundation awards three scholarships to students in the St. Louis University School of Nursing:

- The Marcella Cohen Scholarship, in the amount of \$5000,
- The Charles How Wallace Scholarship, in the amount of \$5000
- The Teddi Johnson Scholarship, in the amount of \$5000

To be considered for these scholarships awarded by Home Health Care Foundation for the School of Nursing, you must be a junior or senior student (during 2017-2018) pursuing a degree in the Bachelor of Science - Nursing on a full-time basis, have a minimum cumulative GPA of 3.0 and must demonstrate financial need by filing the FAFSA report with the SLU Office of Financial Aid by March 1, 2017.

To be considered for a Home Health Care Foundation Scholarship:

- 1. Submit the FAFSA report by March 1, 2017.**
- 2. Fill out the attached scholarship application and submit with faculty recommendation already filled out and sealed in an envelope.**
- 3. The University will complete the University Comments prior to submitting the Application.**

Attach this cover application to the application materials and submit by March 1, 2017 to:

Director, Marketing and Recruitment
St. Louis University School of Nursing
3525 Caroline, Room N223
St. Louis, Missouri 63104
314-977-8995

For additional information about SLU and federal and state financial aid, please contact the Saint Louis University Office of Financial Aid/Scholarship at (314) 977-2350 or (800) SLU-FOR-U.

The Marcella Cohen Scholarship: \$5000

The Home Health Care Foundation has designated a scholarship in honor of Marcella Cohen, the first CEO of Visiting Nurse Association of Greater St. Louis.

The Charles How Wallace Scholarship: \$5000

The Home Health Care Foundation has designated a scholarship in honor of Charles How Wallace. Mr. Wallace retired in 2006 as Chairman of the Home Healthcare Foundation after providing 37 years of continued volunteer service and leadership to the VNA of Greater St. Louis, the VNA Foundation, and the Home Healthcare Foundation. Mr. Wallace was one of three VNA officials who founded the VNA Foundation in 1975. In 1993, the VNA Foundation changed its name to the Home Healthcare Foundation, and it continues the principal purpose of annually funding nursing scholarships to the local nursing schools in St. Louis.

The Teddi Johnson Scholarship: \$5000

Teddi (Theodora) Johnson served as a member of the Home Health Care Foundation Board for more than ten years, and was actively involved in the development and administration of the Foundation's scholarship programs. She demonstrated continuing concern and dedication to the work of the Foundation in providing opportunities for nursing, physical therapy, and occupational science and therapy students in the St. Louis area.

Ms. Johnson worked at the Visiting Nurse Association of Greater St. Louis for more than 33 years, as a staff nurse, Aide Supervisor, Nursing Supervisor, and District Manager, and retired as Vice President of Clinical Services, having served in that position for 13 years. She had previously worked as Head Nurse at St. Louis City #1 Hospital.

Ms. Johnson served on the American Diabetes Association Board for many years, and, at the request of the Mayor of the City of St. Louis, served on a committee to help bring the old St. Louis City Chronic Hospital/Nursing Home into compliance with state and federal regulations. Additionally, she served on a number of local agency Boards to establish and maintain ancillary health care careers in St. Louis.

Ms. Johnson graduated from the Jewish Hospital School of Nursing in 1959, studying on a full scholarship, and was one of the first African-Americans to be admitted to the school. She later studied at Saint Louis University School of Nursing in the RN Transfer Program and enrolled in Management classes at Meramec Community College, St. Louis.

**VISITING NURSE ASSOCIATION OF GREATER ST. LOUIS
SCHOLARSHIP APPLICATION
SAINT LOUIS UNIVERSITY SCHOOL OF NURSING
to be awarded by
HOME HEALTH CARE FOUNDATION**

The Home Health Care Foundation offers scholarships to School of Nursing students who have completed their first two years of studies and are pursuing a degree in the Bachelor of Science - Nursing on a full-time basis. Applicants must maintain a 3.0 cumulative grade point average. Students who are on academic or professional probation are not eligible to apply for this scholarship. Applicants will be reviewed based upon financial need, academic record, and commitment to the nursing profession. Please type or write neatly in the spaces provided on this page.

Applicant's Name: _____ SS#: _____

Local Address: _____ City: _____ State: _____ Zip: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Class Level: _____ Anticipated date of graduation: _____

List any scholarships or grants you have received since you have been at St. Louis University:

Name of scholarship or grant	Sponsor	Year Received	Amount Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any student loans you have obtained since you have been at St. Louis University:

Creditor	City, State	Year Received	Unpaid Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List employment for last two years beginning with most current:

Employer	Type of Work	Hours/week	Wage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

An award recipient of this scholarship agrees that such recipient would spend a half-day attending one of several Visiting Nurse Association information events at the VNA offices during the academic year.

ANSWERS TO THE FOLLOWING QUESTIONS MUST BE TYPED/PRINTED FROM A COMPUTER AND LIMITED TO 250 WORDS OR LESS FOR EACH RESPONSE.

1. If you received this scholarship, how will it help you?
2. List your extracurricular activities in the University and the community at large. Describe your participation in these activities.
3. Why do you wish to become a nurse? What are your long-range career plans?
4. Please describe the role of nursing care in the future of medicine and how your career goals are consistent with this view.

**UNIVERSITY COMMENTS
SAINT LOUIS UNIVERSITY SCHOOL OF NURSING
VISITING NURSE ASSOCIATION OF GREATER ST. LOUIS
SCHOLARSHIP
to be awarded by
THE HOME HEALTH CARE FOUNDATION**

Applicant: _____

CUMULATIVE GRADE POINT AVERAGE: _____

University Comments: _____

**FACULTY OR CLINICAL SUPERVISOR RECOMMENDATION FORM
 SAINT LOUIS UNIVERSITY SCHOOL OF NURSING
 VISITING NURSE ASSOCIATION OF GREATER ST. LOUIS
 SCHOLARSHIP APPLICATION**

Applicant _____

1. How well do you know the applicant? ___ Very Well ___ Fairly Well ___ Slightly

2. How long have you known the applicant? _____

3. In what capacity have you known the applicant? _____

4. Please rate the applicant in the following areas:

	Poor	Fair	Average	Good	Exceptional	Unsure
Initiative	___	___	___	___	___	___
Self-Discipline	___	___	___	___	___	___
Leadership Ability	___	___	___	___	___	___
Interpersonal Skills	___	___	___	___	___	___
Ethical Conduct/Integrity	___	___	___	___	___	___
Adaptability	___	___	___	___	___	___
Quality of Work	___	___	___	___	___	___
Reliability	___	___	___	___	___	___
Cooperativeness	___	___	___	___	___	___
Sense of Responsibility	___	___	___	___	___	___
Academic Ability	___	___	___	___	___	___

5. Do you believe that this student has the academic strengths to successfully complete a BSN degree?

___ Yes ___ No ___ Unsure

6. Recommendations:

___ Recommend highly and without reservation.

___ Recommend

___ Recommend with some reservation.

___ Do not recommend.

7. Comments: (notable strengths and weaknesses or explanation of above answers; please use following page if necessary.)

Date: _____

Signature

Name (please print)

FACULTY OR CLINICAL SUPERVISOR COMMENTS: