

Berks County School Health Association

To: Berks County High School Counselors

Subject: Berks County School Health Association Nursing Scholarship

Memorandum: The Berks County School Health Association is offering up to 3 scholarships of \$500 each which are intended for members of the 2022 graduating class who have been accepted into post-secondary study of nursing. All the necessary application information is included in this packet. Only **fully completed** applications that **are postmarked** by the deadline (**April 1**) will be considered, so please alert the students to *follow all instructions carefully*. You are permitted to duplicate the application form for any senior student meeting the guidelines listed on the application cover letter.

Please contact the committee chairperson, Sharon Lountzis at lountziss@muhlsdk12.net with any questions or concerns.

Thank you in advance for your assistance.

The Berks County School Health Association Scholarship Committee

Sincerely,

Sharon Lountzis BSN, RN, NCSN
Chairperson, BSCHA Scholarship Committee
Phone: 610-921-8078, ext 4106 (email preferred)

Berks County School Health Association 2022

Future Nurse Scholarship Application

Complete the following and mail entire application to: Sharon Lountzis, BSN, RN, NCSN
BCSHA Scholarship Committee
Muhlenberg High School Health Services
400 Sharp Avenue
Reading, PA 19605

1. Name: _____
2. Address: _____

3. Phone: _____
4. Personal Email (not school): _____
5. High School: _____
6. Address: _____
7. College Name: _____
8. Anticipated Entry Date: _____

The following items must be included with your application:

- One copy of your current OFFICIAL high school transcript which must include 1st semester senior year grades & GPA and include your SAT/ACT scores and class rank (if your school uses ranking).
- A copy of your college acceptance letter. (Preferably indicating nursing program acceptance)
- A list of your co-curricular, extra-curricular and community service activities/organizations (Please use attached form).
- A **one-page**, double spaced, (12 font, Times Roman) personal statement on **your commitment to pursue the profession of nursing and what nursing means to you.** Please include any extenuating circumstances or a need of which the committee should be aware.
- Two letters of reference: one from a high school faculty member and one from a non-relative who has known you for at least three years.

YOUR APPLICATION MUST BE POSTMARKED BY APRIL 1st

Questions: please email lountziss@muhlsdk12.net

There is a scholarship award dinner provided for the awardee and two family members in May.
Details will be sent to the scholarship recipients.

SCHOLARSHIP APPLICANT STUDENT RESUME

 APPLICANT #
 FOR COMITEE USE ONLY

Applicant Name: _____

Instructions:

List any school, community and church activities in which you have been involved in the last four years.

Each activity can only be listed in one area.

Be sure to include leadership roles and number of hours (hours per week/month/year, whichever is applicable).

School Activities	Timeframe Month(s) & Year(s)	FR SO JR SR	Total # Hours (per week/month/year)
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

Community & Church Activities	Timeframe Month(s) & Year(s)	FR SO JR SR	Total # Hours (per week/month/year)
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

Work Experience/ Clinical Experience (i.e. BCTC Programs, Reading Hospital Medical Explorers)

Employer	Position	Dates of Employment	Average Hours Worked Per Week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Optional: Please provide a brief description of your duties and responsibilities for each experience that may not be self-explanatory. This is especially useful if the activity or experience is unique to you or your school.

USE REVERSE SIDE ONLY IF ADDITIONAL SPACE IS NEEDED.

