

TRI VALLEY HEALTH SYSTEM BERNARD HAAG MEMORIAL NURSING SCHOLARSHIP

This scholarship is presented in memory of Bernard Haag. Bernard was a patient of Tri Valley Health System and was very grateful for the wonderful care he received during his stay. More specifically, Bernard thought very highly of the nurses of Tri Valley Health System. To show his gratitude, he, and his wife Nelda, decided to give back by starting a scholarship fund that would benefit individuals pursuing a career in nursing.

APPLICATION CRITERIA

Eligibility criteria for these scholarships are as follows:

- Recipients shall be graduating high school seniors or currently enrolled postsecondary students pursuing a nursing degree at an accredited university, college, or community college.
- Recipients shall have attended high school and/or currently reside in the Southwest Nebraska area.
- Preference shall be given to applicants who have an intent to remain in or return to the Southwest Nebraska area.
- Prior-year recipients may reapply for a scholarship and shall be considered on the same basis as other applicants.



TRI VALLEY HEALTH SYSTEM BERNARD HAAG MEMORIAL NURSING SCHOLARSHIP

NAME:
HOME ADDRESS:
PHONE NUMBER:
EMAIL ADDRESS:
PARENT(S)/GUARDIAN(S):
SPOUSE (if applicable):
HIGH SCHOOL:
GPA (current high school students only): GRADUATION YEAR:
NAME OF COLLEGE OR UNIVERSITY IN WHICH YOU PLAN TO ENROLL, OR ARE CURRENTLY ENROLLED:
INTENDED NURSING DEGREE (LPN, RN, Master's, Doctorate):
EXPECTED GRADUATION DATE: GPA (current college students only):
ON A SCALE OF 1-5 (5 being most likely), HOW LIKELY ARE YOU TO RETURN TO WORK AT TRI VALLEY HEALTH SYSTEM:

PLEASE ATTACH TO THIS APPLICATION:

- 1. What is your current involvement (may include activities, contributions to the community and volunteer opportunities in which you participate, or honors, recognitions, and significant personal achievements)?
- 2. What work or volunteer experience have you had that is healthcare related?
- 3. Give a short summary as to why you have chosen a career in nursing.
- 4. In an effort to honor Bernard's legacy, what would it mean to you to receive this scholarship?

OTHER ATTACHMENTS REQUIRED:

- 1. TRANSCRIPT OF HIGH SCHOOL OR COLLEGE GRADES.
- 2. LETTER OF RECOMMENDATION FROM SCHOOL INSTRUCTOR/COUNSELOR OR TVHS PROFESSIONAL.

Applications are due by April 1st to Tri Valley Medical Foundation: jamie.vontz@trivalleymedicalfoundation.com PO Box 488 Cambridge, NE 69022 308.697.1176