Elaine Marie Nelson Hoke Memorial Nursing Scholarship

Application Form

Applications must be received by June 23.

Please submit the following materials to be considered:

- Application form
- Documentation of acceptance/enrollment into an accredited registered nursing program (2yr/4yr) Masters and DNP applications not considered for this scholarship
- Copy of education transcripts (unofficial copy is acceptable)
- Two professional letters of recommendation
- Current resume including current and former employment, education, training, certifications, special skills, volunteer experience and/or other professional experience

Mail to:

Fairview Foundation: Elaine Marie Nelson Hoke Memorial Nursing Scholarship
Attn: Pam Chapman
Riverside Professional Building
606 24th Ave. S, Suite 119
Minneapolis, MN 55454

For more information regarding the scholarship, contact:

Brant Vlasak at bvlasak1@fairview.org
Charlene Lewandowski at clewandowski1@fairview.org
Teresa McCartney at T_McCartney@hotmail.com
Elaine Marie Nelson Hoke Memorial Nursing Scholarship

Application Form

Name: ____________________________________________________________

Address: __________________________________________________________

Phone Number: ____________________________________________________

Email: _____________________________________________________________

Please indicate how you are affiliated with Fairview or one of its affiliates (i.e. I work for Fairview or I am the relative of a Fairview employee.)
If you are the relative of a Fairview employee, provide the name and contact information of the employee and how you are related:

___________________________________________________________________

School Name: (MUST BE AN ACCREDITED NURSING PROGRAM/SCHOOL)

___________________________________________________________________

Address: __________________________________________________________

Degree Program: ____________________________________________________

Student ID#: ________________  Semester/Year Started College: ________________

Semester/Year Accepted into Accredited Nursing Program: ________________

Anticipated Graduation Date: __________________________________________

GPA: _______________________

Past Education and Training: __________________________________________

___________________________________________________________________

On a separate page and in your own words, please respond to the following questions:

1. Describe your career goals and why you have chosen the nursing profession.
2. Explain how you have demonstrated community involvement.
3. Why should the committee select you for this scholarship?

Signature: ___________________________________________ Date: ___________