



**TRI KAPPA PROVINCE  
SEVEN HILDA BOWEN NURSING  
SCHOLARSHIP**

**IMPORTANT  
INFORMATION  
APPLICATION & FORMS  
PACKET**

**2019**

Please find the attached forms for the 2019 Hilda Bowen Scholarship. The scholarship application must be postmarked on or before the due date of **February 28, 2019**

Your Chapter will need time to review your own applications. Because of this, you may want to assign a due date for your applicants that fits your Chapter's schedule.

Include a recommendation letter from your chapter to document your support of the applicant. The chapter letter must accompany the completed application.

As a reminder, pledge payments need to be received by Tracy Hudson of the Lafayette Delta Eta Chapter by **January 23, 2019** in order for any applicant from your chapter to be considered. **Pledge checks must be made payable to Kappa Kappa Kappa, Inc.**

Pledges to: Tracy Hudson, Treasurer  
Lafayette Delta Eta Chapter  
412 S 7<sup>th</sup> Street  
Lafayette, IN 47901  
Phone 765-404-4805  
Email: tracyhudson@gmail.com

**Make checks payable to Kappa Kappa Kappa, Inc.**

Send the completed application with your chapter's recommendation letter to:

Patty Hudson, Chair  
Kentland Epsilon Iota  
3566 W – 1508 S

Kentland, IN 47951  
Phone: 219-866-9343  
Email: hootnanny@yahoo.com

**Pledge payments are due January 23, 2019**

**Applications are due February 28, 2019**

# Hilda Bowen Nursing Scholarship Policies

1. Each applicant must have application to an accredited school of nursing which grants an associate degree, diploma, or bachelor's degree or to a licensed practical nurse program.
2. One application will be accepted for each active and associate chapter in Province Seven that make and fulfills a three-year pledge to the Hilda Bowen Scholarship Fund in a timely manner.
3. Each scholarship recipient will sign an agreement with the committee to repay monies granted by the committee if he/she fails to meet the requirements of her/his degree. The committee has the right to reinstate a scholarship recipient.
4. Applications will be kept for one year and then destroyed. Recipients' applications and letter will be kept until graduation. The committee keeps a permanent list of recipients, their addresses, and schools attended.
5. The committee treasurer will pay the designated scholarships directly to the recipients' school of nursing, college, or program to be applied to tuition, room, and board or textbook expenses.
6. Scholarship amounts will be determined by the committee, based on the total yearly pledges received. Applicants may apply each year they are enrolled in school. Recipients must reapply annually.
7. The Hilda Bowen nursing Scholarship Committee is composed of four members from the active or associate chapters that have made and fulfilled current pledges to the fund in a rotating alphabetical order of towns – Attica, Covington, Delphi, Fowler, Frankfort, Kentland, Lafayette, Logansport, Monon, Monticello, Remington, Rensselaer, Veedersburg, and West Lafayette. Each member will serve a three-year term beginning in October. Offices of secretary, chairman, and advisor will rotate. The treasurer holds that job for the entire three years coinciding with the pledge term. The secretary moves to chairperson and then to advisor. Each office is held for one year to make a total of three per member.
8. One new member will be appointed each year. The terms extend from October to June. The outgoing treasurer will attend the fall meeting to turn over the fund accounts. Other members will complete their duties in the spring.
9. The Province Seven officer may serve as a member of the committee if needed to make four members.
10. The treasurer handles all monies contributed to the fund. Operating expenses are permissible.

CHECKLIST FOR APPLICANTS  
KAPPA KAPPA KAPPA PROVINCE SEVEN  
**HILDA BOWEN NURSING SCHOLARSHIP**

Please follow the specified directions and include the requested items when applying for this scholarship. Failure to comply may mean rejection of your application.

**Applications must be submitted in the following order:**

1. Completed application form, typed or neatly printed.
2. Detailed transcript of current high school or college if applicable.
3. Three letters of recommendation from a variety of personal and professional acquaintances, not relatives.
4. Personal statement which includes the following information:  
Why I want to be a nurse.  
Why I need financial assistance.  
What are my goals in nursing?  
What nursing or related experiences I have had.
5. Recent photograph clear enough for scanning and publication in Cross Keys if awarded.
6. Complete address of school to which scholarship monies should be sent if awarded.
7. **Please make a copy of the entire application and send with the original. One is held for safekeeping. One is shared with the committee.**

**Kappa Kappa Kappa Province Seven  
Hilda Bowen Nursing Scholarship Application**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

High School you attend(ed) \_\_\_\_\_ Graduation Date \_\_\_\_\_

Grade Point Average \_\_\_\_\_ Number in Graduating Class \_\_\_\_\_ Class Rank \_\_\_\_\_

School Activities \_\_\_\_\_

\_\_\_\_\_

Community Activities \_\_\_\_\_

\_\_\_\_\_

College/School You Plan to Attend \_\_\_\_\_

Address \_\_\_\_\_

Acceptance Status \_\_\_\_\_ Date You Plan to Attend \_\_\_\_\_

Yearly Cost of Education (tuition, room, board) \_\_\_\_\_

Total Yearly Monies Received From Other Sources \_\_\_\_\_

Yearly Income (parents' income if a dependent) \_\_\_\_\_

\_\_\_\_\_

Are you a 21<sup>st</sup> Century Scholarship Recipient? (circle) yes no

Additional Comments \_\_\_\_\_

\_\_\_\_\_

If you are selected to receive this scholarship, you must be willing to sign an agreement to repay any monies advanced to you from the scholarship fund should you drop your proposed course of study.

Applicant's

Signature \_\_\_\_\_