



## ***LeRoy Larsen Nursing Scholarship***

### **Eligibility:**

- Burt or Washington County High School graduate (past or current)
- Employee of a Burt or Washington County medical facility
- Attending, or will be attending, a nursing program in an accredited school/college

### **Selection Criteria:**

Academic performance and financial need are the foremost considerations

### **Value:**

To be determined: minimum of \$1,000

### **Application requirements:**

- Completed application form
- Two letters of recommendation from non-family members
- Official high school transcript
- Activities resume

### **Mail to:**

Washington County Community Foundation Scholarship Committee  
c/o Lizz Abrahams  
1615 Washington Street  
Blair, NE 68008  
***Due April 1st, 2025***



***LeRoy Larsen Nursing Scholarship Application***

Name: \_\_\_\_\_  
Last First Middle Date of Birth

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parents and/or Legal Guardians: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Others in home: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

College attending/applying to: \_\_\_\_\_

Accepted? \_\_\_\_\_ If already attending, how long? \_\_\_\_\_

GPA/class rank (high school or college): \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

***Please attach resume of extracurricular activities, leadership positions, hobbies, volunteer and job experiences.***

**Please answer the following questions:**

- 1) Why did you choose this field?***
  
  
  
  
  
  
  
  
  
  
- 2) Describe any skills, strengths, or involvement that would prepare you for a career in nursing.***
  
  
  
  
  
  
  
  
  
  
- 3) What are your career goals?***
  
  
  
  
  
  
  
  
  
  
- 4) Why are you applying for this scholarship?***
  
  
  
  
  
  
  
  
  
  
- 5) Are you currently enrolled or accepted into a higher education nursing program?***

**Requirements for completed application:**

Official school transcript, activities resume and two letters of recommendation from non-family members. Completed applications must be postmarked no later than **April 1st, 2025.**

**Please mail to:**

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1615 Washington Street  
Blair, NE 68008

*Questions?*

*Please contact [scholarships@washcocommfoundation.org](mailto:scholarships@washcocommfoundation.org)*