



## 2024 Scholarship Application

Most of the scholarships require recipients to be an LMH Health employee that has completed at least one year of successful employment at LMH Health (full-time or part-time) and be enrolled in an accredited nursing/healthcare/or related program of study, full time or part time. LMH Health Foundation also offers a limited number of scholarships for children of LMH Health employees, LMH Health volunteers, and nursing students (employed at LMH Health or otherwise) at Baker, Washburn or Emporia Universities. All scholarship funds will be paid to the educational institution and applied to the cost of tuition.

**Only complete applications will be considered. Please be sure to include the following:**

- Current school transcript (official transcript is not required)
- Course schedule or proof of acceptance in an accredited program
- Personal statement that addresses the following (limit 250 words):
  - o What is your career interest and why?
  - o What impact will this scholarship have on your career goals?
  - o Share and explain how you put patients first.
  - o Explain any financial need that you have.
- Letter of recommendation from supervisor (mentor/teacher if not an employee).
  - Must include:
    - o Name of applicant
    - o Date of LMH Health employment (if applicable)
    - o At least one example of how the applicant displays our cultural beliefs (attached)
    - o Supervisor/mentor/teacher signature or email signature and title

Name \_\_\_\_\_

Department \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Current position \_\_\_\_\_

Date of employment \_\_\_\_\_

Academic program \_\_\_\_\_

### Please check all that apply to you:

- I am an employee enrolled in a CNA program.
- I am an employee enrolled in an LPN program.
- I am an employee enrolled in an RN program.
- I am an employee enrolled in an advanced nursing degree.
- I am a nursing student at Baker University, Washburn University, or Emporia State University.
- I am the child of an LMH Health employee.  
\_\_\_\_\_  
Employee name
- I am a volunteer at LMH Health

All applications must be complete, submitted as one PDF file or printed packet, and received by LMH Health Foundation ***before 4:30 p.m. on Friday, March 29, 2024*** to be considered.

## Personal Statement

Name of applicant: \_\_\_\_\_

Personal statement that addresses the following (limit 250 words):

- What is your career interest and why?
- What impact will this scholarship have on your career goals?
- Share and explain how you put patients first.
- Explain any financial need that you have.

*By signing, I agree that the information provided is accurate to the best of my knowledge.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Letter of Recommendation

Give these instructions to the supervisor or mentor writing your letter and attach the signed letter to the PDF file or completed packet *before you submit your application*.

Name of applicant: \_\_\_\_\_

Date of employment (LMH Health employees only): \_\_\_\_\_

Attached letter must include:

- Name of applicant
- At least one example of how the applicant displays our cultural beliefs (below)
- Supervisor/mentor/teacher signature and title

### LMH Health Cultural Beliefs 2024

#### **Patient First**

- We consider the patient first in everything we do.

#### **Better Together**

- We are part of the LMH Health team that works together to achieve excellence.

#### **Speak Up**

- We embrace a transparent culture of open, respectful communication where ideas are valued and solutions are created.

#### **Innovate!**

- We actively explore new ideas and approach change with agility and an open mind.

#### **Own It/Solve It**

- We hold ourselves accountable for our actions and we collaborate for solutions.

#### **In Joy**

- We create a workplace that is both fun and meaningful.

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## Timeline

Friday, March 29, 2024 by 4:30 pm

- Completed applications are due, and may be submitted one the following ways:
  - Upload your completed PDF file at [www.LMH.org/scholarship](http://www.LMH.org/scholarship) (preferred)
    - Please note that the application and all supporting documents must be combined into a single PDF to be considered.
  - Email your completed PDF file to [Foundation@LMH.org](mailto:Foundation@LMH.org).
    - Please note that the application and all supporting documents must be combined into a single PDF to be considered.
  - Completed physical packet turned into the Foundation office at 316 Maine St., Lawrence, KS 66044
    - Turn in at the front desk during normal business hours (8:30am-5pm, Monday-Friday)
    - Deposit into the drop box to the left of the front door outside of normal business hours.
  - Mail your completed physical packet (postmarked on or before March 29, 2024 to:

LMH Health Foundation  
Attn: Scholarship Committee  
316 Maine St.  
Lawrence, KS 66044

Last week of April

- Scholarship recipients notified and given instructions for next steps
- Website updated with recipient names

**SAVE THE DATE** Thursday, May 15, 2024 at 1:30 pm

- Scholarship reception in the Atrium of the main campus
  - 325 Maine Street, Lawrence, KS 66044

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