



**TRI KAPPA PROVINCE
SEVEN HILDA BOWEN NURSING
SCHOLARSHIP
IMPORTANT
INFORMATION
APPLICATION & FORMS
PACKET
2021**

Please find the attached forms for the 2021 Hilda Bowen Scholarship. The scholarship application must be postmarked on or before the due date of **February 28, 2021**.

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

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

As a reminder, 2021 pledge payments must be received by Kim Leburg of the West Lafayette Epsilon Chapter by **January 27, 2021** in order for any applicant from your chapter to be considered.

Pledge Payments to:
Kim Leburg, Treasurer
2430-H Kestral Blvd.
West Lafayette, IN 47906-6535
Email: kleburg59@gmail.com

Make checks payable to Kappa Kappa Kappa, Inc.

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

Diane Fish
Rensselaer Beta Upsilon
928 W. Washington Street
Rensselaer, IN 47978
Phone: 219-866-9356
Email: djfish10@gmail.com

2021 Pledge payments are due by January 27, 2021.

2021 scholarship applications are due February 28, 2021.

Hilda Bowen Nursing Scholarship Policies

1. Each applicant must have applied to an accredited school of nursing which grants an associate degree, diploma, bachelor's degree, graduate degree, or to a licensed practical nurse program.
2. Failure of the applicant to complete his/her application according to the directions given with the scholarship application may mean rejection of the application by the Hilda Bowen Committee.
3. One application will be accepted for each active and associate chapter in Province Seven that makes an annual donation to the Hilda Bowen Scholarship Fund in a timely manner. No candidate will be considered from a chapter that has not submitted an annual donation.
4. 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 his/her degree. The committee has the right to reinstate a scholarship recipient.
5. Applications will be kept for one year and then destroyed. Recipients' applications and letter will be kept for 4 years. The committee keeps a permanent list of recipients, their addresses, and schools attended.
6. 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.
7. 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.
8. The Hilda Bowen Scholarship Committee is composed of four members from the active or associate chapters 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 the job for the entire three years. The secretary moves to chairperson and then to advisor. Each office is held for one year to make a total of three years per member.
9. One new member will be appointed each year. The terms extend from October to September. The outgoing treasurer will attend the fall meeting to turn over the fund accounts.
10. No scholarship candidate will be considered from a chapter that has not fulfilled its Hilda Bowen Committee responsibility according to the chapter rotation schedule.
11. The Province Seven officer may serve as a member of the committee if needed to make four members.
12. The treasurer handles all money contributed to the fund. Operating expenses are permissible.
13. Scholarship pledge payments are due by the end of January. Scholarship applications are due by the end of February. Scholarship winners will be selected by the end of March. The notification of scholarship winners and return of the Scholarship agreement form should be returned by the first week in May. Tri Kappa warrants may then be issued and monies sent to the respective schools. This timeline follows state Tri Kappa scholarship procedures.
14. Without prior communication, failure of the recipients to return the Scholarship agreement forms by the above indicated date may result in the scholarship passing to the next selected recipient. The deadline is noted on the Scholarship Agreement form.

Revised: September, 2020

HILDA BOWEN NURSING SCHOLARSHIP

Kappa Kappa Kappa Province Seven

Checklist for Applicants

Please follow the specified directions and include the requested items when applying for this scholarship. Failure to comply may result in 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.
3. Three (3) letters of recommendation from a variety of personal and professional acquaintances, not relatives.
4. Personal statement which includes the following information:
 - a. Why I want to be a nurse.
 - b. Why I need financial assistance.
 - c. What are my goals in nursing?
 - d. What nursing or related experiences I have had.
5. Recent photograph clear enough for scanning and publication in Cross Keys if a scholarship is awarded.
6. Complete address of school to which scholarship monies should be sent if a scholarship is awarded.
7. Include a recommendation letter from your chapter to document your support of the applicant.
8. **Please make a copy of the entire application and send with the original. One copy is held for safekeeping and one is shared with the Hilda Bowen 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 21st 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 _____