



**HELEN AND LESLIE RIECHEL NURSING ENDOWMENT FUND
SCHOLARSHIP APPLICATION**

BAKERSFIELD MEMORIAL HOSPITAL FOUNDATION

P.O. Box 2401 | Bakersfield, CA 93303

(661) 327-4647, ext. 4539

Fax (661) 395-0328

Riechel Scholarship candidates must be employed by BMH

All Riechel Scholarship applications are automatically considered for Ralph Smith, Jr. Scholarship eligibility without having to complete the Smith Scholarship application form.

The following requirements must be met before your application will be considered as a candidate for academic scholarship from the BMH Foundation.

The following elements define a complete application:

1. **New RN students** must have **two** recommendation forms completed; one must be from a professor who taught a nursing school prerequisite; the second may be from a professor or an employer if the employment is in the medical field. Forms are attached.
2. **Returning students in the RN program who have completed at least one clinical rotation** must have **three** recommendation forms completed; one must be from a professor who taught a nursing school prerequisite; the second may be from a professor or an employer if the employment is in the medical field; the third must be from a clinical supervisor. Forms are attached.
3. Applicant must provide proof of having met course requirements. **Official transcripts are required.** Internet screen prints are not acceptable.
4. Applicant **must be currently enrolled in a nursing program** with at least **one year of course work remaining** and considered to be a **student in good standing.**
5. Applicant must reside in or be attending school in Kern County, California.
6. **Completed applications and required documentation must be received by May 11, 2012 to be considered. Interviews will take place June 4, 5 and 6, 2012.**

Please provide the following information.

Date of this application: _____

Month and Year of anticipated graduation: _____

Degree held (*if applicable*): _____

Degree sought: _____

Ultimate goal/final degree hoping to attain: _____

Number of classes currently being taken: _____

PERSONAL INFORMATION

First Name	Middle Initial	Last Name

Current Mailing Address	City	State/Zip Code
Mailing Address if different from above	City	State/Zip Code
Home Phone	Work Phone	Message Phone

EMPLOYMENT INFORMATION

Department currently working	Supervisor's name/extension	From	To
Department previously worked	Supervisor's name/extension	From	To
Department previously worked	Supervisor's name/extension	From	To

ACADEMIC INFORMATION

College/University Now Attending	From	To	GPA
College/University Attended	From	To	GPA
College/University Attended	From	To	GPA
High School Attended	From	To	GPA

ACTIVITIES, SPECIAL RECOGNITION, COMMUNITY INVOLVEMENT

(Use additional page if necessary)

High School: Activities, clubs, etc.	Special recognition, awards
College/University: Activities, clubs, etc.	Special recognition, awards

Community Involvement: Activities, clubs, etc.	Special recognition, awards

Employment: Recognition	Special recognition, awards

ACADEMIC SCHOLARSHIPS, GRANTS & REIMBURSEMENTS

Academic Scholarships & Grants Awarded: (Use additional page if necessary.)

1. Source: _____ Amount \$ _____
Date Applied: _____ Date Awarded: _____
2. Source: _____ Amount \$ _____
Date Applied: _____ Date Awarded: _____
3. Source: _____ Amount \$ _____
Date Applied: _____ Date Awarded: _____
4. Source: _____ Amount \$ _____
Date Applied: _____ Date Awarded: _____

Have you applied and/or received compensation from the BMH tuition reimbursement program? *If yes, please provide the date you applied, amount received, etc.*

STUDENT FINANCIAL INFORMATION

1. If you are going to be claimed as an exemption or dependent on your parent's tax return, then please complete Section A.
2. If you are not an exemption, and are married or filing your own return, please complete Section B.

SECTION A: (Dependent Student)	
Parents' Marital Status: _____ Family Size: _____	
Applicant's 2011 Adjusted Gross Income or Earned Income	\$ _____
Parent's 2011 Adjusted Gross Income or Earned Income	\$ _____
Non-Taxable Income: (Social Security, AFDC, Student Loans, etc.)	\$ _____
TOTAL FAMILY INCOME	\$ _____

SECTION B: (Independent Student)	
Current Marital Status: _____ Family Size: _____	
Applicant's 2011 Adjusted Gross Income or Earned Income	\$ _____
Spouse's 2011 Adjusted Gross Income or Earned Income	\$ _____
Non-Taxable Income: (Social Security, AFDC, Student Loans, etc.)	\$ _____
TOTAL FAMILY INCOME	\$ _____

AUTOBIOGRAPHICAL ESSAY

Please attach a separate page, with a minimum of one typewritten document to this application describing your educational and career goals, your community and school involvement, and any special or unique circumstances you would like to share with the scholarship committee reviewing your candidacy. You may also use this opportunity to explain or elaborate on your qualifications for this scholarship.

Signature of Applicant

Bakersfield Memorial Hospital Foundation

Nursing Scholarship Recommendation Form

To be completed by a nursing professor, employer if the employment is in the medical field, and a clinical supervisor (student should refer to eligibility requirements to determine who should complete this form for them).

Person completing this form should mail it: Bakersfield Memorial Hospital Foundation, PO Box 2401, Bakersfield, CA 93303, or give it to the student to return with application.

Applicant's name _____

School of Nursing _____

1. Does this student exhibit a sound nursing knowledge base? ____ Yes ____ No

Comments _____

2. Does this student exhibit responsibility and integrity? ____ Yes ____ No

Comments _____

3. Please comment on the student's performance and potential for academic and clinical success. _____

(Please use reverse if more space is necessary.)

Name of person completing form _____

Title _____ Signature _____ Date _____

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Applicant's name _____

School of Nursing _____

1. Does this student exhibit a sound nursing knowledge base? ____ Yes ____ No

Comments _____

2. Does this student exhibit responsibility and integrity? ____ Yes ____ No

Comments _____

3. Please comment on the student's performance and potential for academic and clinical success. _____

(Please use reverse if more space is necessary.)

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Applicant's name _____

School of Nursing _____

1. Does this student exhibit a sound nursing knowledge base? ____ Yes ____ No

Comments _____

2. Does this student exhibit responsibility and integrity? ____ Yes ____ No

Comments _____

4. Please comment on the student's performance and potential for academic and clinical success. _____

(Please use reverse if more space is necessary.)

Name of person completing form _____

Title _____ Signature _____ Date _____