

Re: C. A. Davis Nursing Scholarship

The C. A. Davis Nursing Scholarship was established by the Anderson County Hospital Board of Trustees according to the will of C. A. Davis. Mr. Davis left money to the hospital to be used specifically for the training of nurses. The C. A. Davis Trust was ultimately created in 1981, following the death of his wife, Mrs. Davis. Since that time, numerous nurses have benefited from the generosity of the Davis family.

Students enrolled in an accredited nursing program and nurses who want to further their education are eligible to apply for this scholarship. Applicants must be residents of Anderson County, have parents who reside in Anderson County, or be employed by Anderson County Hospital. The Trustees review scholarship applications at a scheduled board meeting and select recipients based on qualifications, need, and goals. Personal interviews with the applicants may be requested. The Trustees award one or more scholarships annually, up to \$1,000 per award.

Applications must be received or postmarked no later than Friday, July 12, 2024, to be considered.

The completed application form and all supplemental documents should be mailed or delivered to:

Anderson County Hospital
Attn: Tina Poe, Interim ACNO/Director Patient Care Services
421 South Maple St.
P.O. Box 309
Garnett, KS 66032

We appreciate your interest in the C. A. Davis Nursing Scholarship. For questions, please call me at 785-204-8063.

Sincerely,



Tina Poe, BSN, RN
Interim Associate Director of Nursing/Director Patient Care Service

Anderson County Hospital/ C. A. Davis Trust

Scholarship Program Application

Name: _____ Birthdate: _____

Phone Number: _____

Email Address: _____

Permanent Address: _____

Current Address for Mailing Forms: _____

School/College where scholarship is to be used: _____

Date of Entrance: _____

Date training will be completed: _____

Student's Classification: _____ Full Time _____ Part Time

Grade Point Average: _____

Degree Sought: _____

List Schools or Colleges Applicant Has Attended On A Full-Time Basis:

Name of School	Location	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach Letters of Recommendation from Two References: (If in School, One Reference should be from an Instructor/Professor)

Name: _____ Address: _____

Name: _____ Address: _____

Please attach a brief (1 page) statement as to why you believe you should receive this scholarship.

Financial Information:

Has applicant borrowed money for education? _____

What is the total amount of indebtedness? \$ _____

Applicant Signature

For Board Use Only

Date of Board Meeting: _____

Application Approved: _____ Disapproved: _____