



Dr. David and Leticia Gordon Scholarship Application

Scholarship Details

The Iowa Heart Foundation Dr. David and Leticia Gordon Scholarship provides qualified nursing or nurse practitioner students enrolled at an accredited college or university financial assistance. Scholarships are available for full and part time students enrolled in an Associate, Bachelor, Masters, or Nurse Practitioner programs. **Iowa Heart**

Foundation will grant scholarships during the 2010-2011 academic year including:

- \$500 scholarship to one (1) qualified nursing student in good academic standing at Mercy College, Des Moines, Iowa
- \$500 scholarship to one (1) qualified nursing student in good academic standing at Grandview College, Des Moines, Iowa
- \$200 scholarship to one (1) qualified nursing student in good standing at Des Moines Area Community College (DMACC) in Des Moines, Iowa

Eligibility Criteria

1. Enrollment in an accredited nursing degree or nurse practitioner program
2. Determined/verifiable financial need
3. Iowa resident
4. GPA average of 3.0 or higher
5. Commitment to practice in the state of Iowa after graduation
6. Commitment to serve in a cardiac/critical care job role will receive priority
7. Submission of three (3) professional reference letters and contact information
8. Applicants awarded scholarship approve of marketing related to the scholarship including, but not limited to, postings on website, press releases, and other appropriate marketing practices for the Iowa Heart Foundation.

Scholarship Year: 2010

Applications Accepted Beginning: January 1, 2010

Deadline for Applications: June 1, 2010 at 4:00pm

Determination Criteria

1. Applications meeting eligibility criteria will be reviewed by Dr. David Gordon and/or Iowa Heart Foundation Board members
2. Scholarships will be granted the first week in July.
3. Scholarship recipient(s) will be notified by email/letter
4. Scholarship check will be issued directly to school, college, or university

Questions

Please contact Kim Oswald, Iowa Heart Foundation Executive Director (515) 633-3555



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APPLICANT INFORMATION

Date	
Last Name	
First Name	
Address	
City, State, Zip Code	
Daytime Phone	()
Evening Phone	()
Email Address	

EMPLOYER INFORMATION

Employer Name	
Employer Address	
City, State, Zip Code	
Work Phone	()
Supervisor Name	
Supervisor Phone	()
Employment Status	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

COLLEGE/UNIVERSITY INFORMATION

Name	
Address	
City, State, Zip Code	
Nursing Dean/Chair	
Enrollment Year	
Current Status	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Official Transcript	<input type="checkbox"/> I have submitted a current, official transcript (no copies)

PROFESSIONAL REFERENCES

Reference #1	Please submit three (3) professional letters of reference
Name	
Relationship	
Daytime Phone	()
Reference #2	
Name	
Relationship	
Daytime Phone	()
Reference #3	
Name	
Relationship	
Daytime Phone	()



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Applicant Last Name: _____ **First Name:** _____

Please write a brief response to the following 4 questions. Limit your answers to the space provided. Please type or write legibly your answers.

1. Briefly describe your philosophy of nursing. Include your commitment, beliefs, and values related to the profession.

2. List contributions to community service and your profession. May include professional memberships, community service related activities, etc. with dates of service.



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Applicant Last Name: _____ First Name: _____

Please write a brief response to the following questions. Limit your answers to the space provided. Please type or write legibly your answers.

3. Describe future nursing professional goals including plans after graduation, preferred job role, future aspirations, etc.

4. Please describe how a scholarship would impact your future.



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INCOME Please list all sources of income for the scholarship academic year

Income Source	Annual Amount	Sources	Description/Detail
Education Loans			
Other Scholarships			
Military Aid			
Salary / Income			
Spouse/Parent Income			
Other Income			
Total Household Income <ul style="list-style-type: none"> • List number in household dependent on income 			

EXPENSES Please list all anticipated expenses for the scholarship academic year

Expenses	Annual Amount	Description/Detail
Tuition		
Room/board		
Books		
Fees		
Supplies		
Transportation		
Child care		
Other Related Expenses (list)		

The above information is, to the best of my knowledge, true and accurate. In making this application to the Iowa Heart Foundation, I acknowledge the scholarship will be awarded for (1) year on the basis of need and without regard to race, color, national origin, religion, sex, age, handicap or veteran status. I understand to receive this scholarship I must be a student in good standing at an accredited school, college, or university. Reconsideration for future scholarships in subsequent years requires I reapply and submit to the application procedures as defined. I understand scholarship monies will be issued only to a school, college, or university in which I am enrolled and in good standing.

(Applicant Signature)

(Date)



Scholarship Application Checklist
(Please ensure the following are included in this application)

- Application, completed in full (4 pages)
- Three (3) Letters of Reference
- One (1) Official Transcript (recent, no photocopies)
- Iowa Drivers License (photocopy)
- Deadline Application Date: June 1, 2010 at 4:00pm

Please submit one (1) copy of your completed application
with the above attachments to:

Iowa Heart Foundation
c/o Kim Oswald, Executive Director
5880 University Ave., Suite 101
West Des Moines, IA 50266