

**PATRICIA I. McBETH
MEMORIAL NURSING SCHOLARSHIP**

APPLICATION

Date _____

Applicant's name _____

Date of birth _____ Telephone _____

Address _____ City/State/Zip _____

ORHC Associate (*circle one*) Yes No If yes, date of hire _____

If no, name of family member employed by ORHC _____

Relationship to ORHC associate _____

College/university attending _____ Current GPA _____

Nursing goal _____

Year in nursing school (*circle one*) 1 2 3 4 5

Status (*circle one*) Full-time student Part-time student

Community Involvement (*please list*)

Signature of applicant _____

Please submit completed application, transcripts and essay to:

Ottumwa Regional Health Foundation
935 Pennsylvania
Ottumwa, IA 52501

Please circle where you received information regarding this scholarship:

Foundation website

Foundation Office

ORHC

IHCC

Newspaper