

# JANET K. SKINNER MEMORIAL NURSING SCHOLARSHIP

From Bear Lake Valley Health Care Foundation  
For High School Seniors pursuing a career in **Nursing**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ GPA: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Post-secondary institution you plan on attending \_\_\_\_\_ Estimated Starting Date: \_\_\_\_\_

Name of Parent/or guardian: \_\_\_\_\_ **(Attach additional pages if needed)**

**Extracurricular Participation: Drama, Music, Athletics, community service projects etc.**


**Describe your educational and career goals after high school:**


**List honors, awards, accomplishments, health care experience and leadership positions you have obtained:**


**Please describe: yourself, personality, interests, goals, ambitions, etc.**


Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed form and attachments to Bear Lake Valley Health Care Foundation PO Box 364 Montpelier, ID.  
Or drop off at Bear Lake Memorial Hospital, Attn: Jory Hunter, no later than April 1<sup>st</sup>. Version 3/2013