

## THE LB LEARNING CENTER SCHOLARSHIP

The LB Learning Center Scholarship is for students attending the DRH Learning Center who have been accepted to an RN Nursing Program.

### Eligibility:

- Must meet the enrollment criteria established in an accredited nursing program residing in the DRH Learning Center.
- Maintain a 2.5 GPA while enrolled in the DRH Learning Center program.
- Demonstrate a financial need
- Must be a U.S. Citizen
- Must provide proof of acceptance in an accredited nursing program residing in the DRH Learning Center.
- Provide transcript or other proof of current GPA.

### Award Amount:

- Will be determined from the amount of the endowment's annual distributable income.
- The LB Learning Center Scholarship is renewable each semester only if the student maintains a minimum cumulative 2.5 GPA at the DRH Learning Center. (Student is responsible for providing appropriate transcripts to Duncan Regional Hospital Health Foundation (DRHHF) within 30 days of posting of grades, each semester).

### Application Process:

- Attach the following documents to your completed application:
  1. Official transcripts of previous academic work and standing showing a cumulative GPA of 2.5 or greater;
  2. Verification of enrollment in an accredited nursing program residing in the DRH Learning Center (acceptance letter is sufficient);
  3. Validation of Oklahoma residency (photocopy of Oklahoma Driver's License);
- Two letters of recommendation sent directly to DRH Health Foundation at the address below by August 30<sup>th</sup> of the corresponding year.

### Deadline:

The Duncan Regional Hospital Health Foundation (DRHHF) office must receive applications no later than August 27, 2010.

Notification:

Recipients will be contacted regarding the award of the scholarship.

Mail completed applications to:

Duncan Regional Hospital Health Foundation  
C/o Cyndi Crook, Director  
PO Box 2000  
Duncan, OK 73534-2000

**THE LB LEARNING CENTER SCHOLARSHIP**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (ZIP)  
Telephone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**If still living with parents:**

Name of Mother: \_\_\_\_\_ Where Employed: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Where Employed: \_\_\_\_\_

Others in the household and their ages: \_\_\_\_\_

How many children in your family will be college students next year? \_\_\_\_\_

Please state approximate household income: \_\_\_\_\_

**If not living with parents:**

Do you have a spouse? \_\_\_\_\_ If so, are they employed? \_\_\_\_\_

Are they full time or part time employed? \_\_\_\_\_

How many children are in your home and their ages: \_\_\_\_\_

Please state your approximate household income: \_\_\_\_\_

**SCHOOL INFORMATION:**

College Enrolled: \_\_\_\_\_

Major Declared: ASN    BSN    (Please circle answer)

Expected Graduation Date: \_\_\_\_\_

Current Grade Point Average: \_\_\_\_\_

Where do you plan to practice professional nursing?

\_\_\_\_\_

List other scholarships or loans applied for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Scholarships received and amounts:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

