



Nurse Honor Guard Scholarship Application

The Cass Health Nurse Honor Guard is awarding a \$1000 scholarship to an individual with a goal of entering the nursing profession.

- ☐ Applicants **must be accepted to or currently enrolled** in a program of study leading to completion of LPN, RN, BSN, MSN, or DNP.
- ☐ If you are not currently enrolled, but are accepted into a nursing program, you must include a copy of your acceptance letter.
- ☐ Payment will be distributed directly to student's college when acceptance into a nursing program is received.
- ☐ Consideration will also be given to applicant's academics, citizenship, and leadership abilities, especially if pertinent to the nursing career.
- ☐ Scholarships will not be awarded to the same recipient two consecutive years.

Name _____

Address _____

Telephone # _____ Email _____ Birth date _____

Year of High School Graduation _____ High School Attended _____

High School Seniors

What college(s) have you applied to and what nursing degree are you pursuing?

Have you received a letter of acceptance into a program of study leading to a nursing degree or acceptance into a nursing program?

College Students

What college are you currently or will be attending?

What nursing degree are you pursuing? _____

Please list any other post-high school education

All Applicants

On a separate sheet, please provide the following information:

1. Extracurricular activities, honors and/or work experiences.
2. Explain in 200 words or less why you are deserving of this scholarship. Please be concise and include passions, life challenges, how you propose to contribute and/or give back to the community, financial need and anything else you perceive as why you are deserving.
3. Attach one personal and one professional (ie: clergy, teacher, employer, health care professional) letter of recommendation.
4. Attach a copy of your high school transcript, and/or college transcript if applicable. Please be sure your transcript includes your ACT or SAT score.

Signature _____ Date _____

If under 18 years of age, a parent or guardian must also sign.

Parent or Guardian Signature _____ Date _____

Please return completed applications by **April 3, 2026**, to

Mail to: Cass Health
Human Resources
1501 E. Tenth Street
Atlantic, IA 50022

Email to: careers@casshealth.org

Late applications will not be accepted

Scholarship awards will be paid directly to the student's college upon receipt of a billing statement.