

# CAROL SHIVELY MEMORIAL SCHOLARSHIP



Supporting Heart of America Medical Center & Haaland Estates

Carol Shively was a dedicated nurse assistant serving the needs of our communities when her life was tragically cut short. She was studying to becoming a nurse. Carol's personality and excellence in care were a positive influence for her coworkers and those she cared for at Heart of America Medical Center in Rugby. A scholarship fund was endowed through contributions by Carol's family and friends. Its purpose is to assist qualified persons who wish to further their education in pursuit of a nursing degree.

## QUALIFICATIONS:

Demonstrate enrollment or proof of acceptance into a nursing education program approved by the North Dakota Board of Nursing by providing the most recent copy of your transcript (preferred) or a letter of acceptance from the school you will be attending. Preference will be given to applicants who have employment with or can demonstrate plans to be employed by the Good Samaritan Hospital Association entities.

## REQUIREMENTS:

- 1) Complete and sign the provided application
- 2) Attach a copy of your most current transcript (preferred) or a letter of acceptance from the nursing school you plan to attend (alternate)
- 3) Items 1 & 2 must be returned as a completed package in one envelope
- 4) Application Deadline: Your application package must be postmarked or delivered to the Good Samaritan Health Services Foundation office by 4:00pm February 1<sup>st</sup>

## AWARD:

A \$500 scholarship will be paid directly to the nursing student.

This scholarship is administered by the Good Samaritan Health Services Foundation.

800 South Main Ave. Rugby, ND 58368

Inquiries can be directed to:

Linda Kay Duchscher | 701.776.5455 x2315 | [lduchscher@hamc.com](mailto:lduchscher@hamc.com)

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

1) List the name of the educational institution where you have been accepted into the nursing program: \_\_\_\_\_

a. Your Planned Degree: \_\_\_\_\_

b. Your Planned Completion Date: \_\_\_\_\_

Please attach your most recent transcript from this program – copies are acceptable.  
If you have not completed a semester, please attach a letter of acceptance.

2) Do you have any other education or training (healthcare or otherwise) beyond high school? Degrees earned?

3) Have you been employed or volunteered in healthcare?

Name of Facility	City – State	Start Date	End Date	Position

How has this experience contributed to your desire and abilities to enter nursing?

- 4) In the space provided, please describe your future professional plans.  
What type of work do you plan to do?  
Where do you plan to do it?  
How will you contribute to the organization you work for and the welfare of those requiring your care?

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Print Name

Signature

Date

*Thank you for applying – please contact us with any questions.*

APPLICATION MUST BE POSTMARKED OR DELIVERED BY: **4:00 PM FEBRUARY 1<sup>ST</sup>**

Return application to:

Good Samaritan Health Services Foundation  
800 South Main Ave.  
Rugby, ND 58368

Linda Kay Duchscher, Director  
701.776.5455 x2315  
lduchscher@hamc.com



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