## 2024 Linda S Koucky Nursing Leadership Scholarship Application Form

Employee Name:	Employee #:	Date:
Address:	City,State,Zip:	
Contact #:	Email address:	
in an accredited Master's defollowing questions and subm	an employed nurse at Lexington legree program in Nursing, MBA nit your completed application for interoffice, hand delivery, or by	or MHA. Please answer the rm to the Lexington Medical
1. What type of degree are yo	ou pursuing?	
$\square$ MS, MN $\square$ MBA $\square$ MHA		
2. Name of school presently e	nrolled in?	
•	its have you completed and how n	•
4. Are you presently receiving	g any other scholarships?   Yes	□ No
If yes, how much money have	e you received and from where?	
5. Please provide a separate v	vritten, comprehensive statement	of your goals and career

- 5. Please provide a separate written, comprehensive statement of your goals and career aspirations.
- 6. Please attach copy of your college transcript to your application. If you are just starting your master's program, please attach a letter stating your admittance to the university along with your most recent college transcript.

## Application submission deadline is *April 15*, 2024.

\*\*Please note, this is a competitive scholarship awarded to one LMC employee annually. Applicants will be contacted via email with the outcome of their application by May 31, 2024.