2022 Linda S Koucky Nursing Leadership Scholarship Application Form

Employee Name:	Employee #:	Date:
Address:	City,State,Zip:	
Contact #:]	City,State,Zip:_ Email address:	
and enrolled in an accredited MHA. Please answer the follo application form to the Lexin	in employed nurse at Lexingto d Master's degree program in I owing questions and submit yo ngton Medical Center Foundat by mail 110 E. Medical Lane, S	Nursing, MBA or our completed ion office by
1. What type of degree are yo	ou pursuing?	
🗆 MS, MN 🗆 MBA 🗆 MHA		
2. Name of school presently of	enrolled in?	
	its have you completed and ho ed to obtain?	
4. Are you presently receivin	g any other scholarships? 🗆 Ye	es 🗆 No
If yes, how much money have	e you received and from where	e?
5. Please provide a separate and career aspirations.	written, comprehensive staten	nent of your goals
are just starting your master	college transcript to your app 's program, please attach a let along with your most recent c	ter stating your

Application submission deadline is <u>April 25, 2022</u>.

**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 July 7, 2022.