

Linda S Koucky Nursing Leadership Scholarship Application Form

Employee Name: _____ Employee #: _____ Date: _____

Address: _____ City, State, Zip: _____

Contact #: _____ Email address: _____

Eligible applicants must be an employed nurse at Lexington Medical Center and enrolled in an accredited Master's degree program in Nursing, MBA or MHA. Please answer the following questions and submit your completed application form to the Lexington Medical Center Foundation office by interoffice or by mail 110 E. Medical Lane, Suite 120, West Columbia, SC 29169.

1. What type of degree are you pursuing?

MS, MN MBA MHA

2. Name of school presently enrolled in? _____

3. How many academic credits have you completed and how many additional credits do you need to obtain? _____

4. Are you presently receiving any other scholarships? Yes No

If yes, how much money have you received and from where?

5. Please provide a 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.

Application submission deadline is May 8th, 2020.