



## LEAH'S LEGACY NURSING SCHOLARSHIP APPLICATION

(CA Corp. #C4249950)



*Leah Jean-Lacher Reay was just 26 years old when she was tragically killed by an impaired driver in January 2017. This scholarship is awarded in her memory for all the hours of hard work she put into her education to achieve her BSN from Kansas Wesleyan University in May of 2013. We trust these funds will be put to good use as you embark on your career of achieving your goals, just as Leah did.*

### APPLICATION CHECKLIST – DUE JULY 31

- Application (pg 2)
- Candidate Essay (pg 3)
- Certification and Scholar Acceptance (pg 4)
- Resume
- One Letter of Recommendation
- Official Transcript (from the highest level of education completed)

### RETURN APPLICATION TO/CONTACT INFO:

Laurie Lacher, Secretary/Leah's Legacy  
951-833-7519  
laurielacher@yahoo.com



## **PROGRAM OVERVIEW AND GUIDELINES**

Leah's Legacy Nursing Scholarship offers an academic scholarship award to support the education in obtaining a nursing degree at Kansas Wesleyan University (KWU).

### **ELIGIBILITY**

To be eligible for the Leah's Legacy Nursing Scholarship, you must:

- Be a citizen of the United States
- Maintain at least a 3.0 GPA
- Be enrolled in the KWU nursing program as either a junior or senior

### **CHARACTERISTIC AND CRITERIA**

Candidates will be judged on the following:

- Strong desire to advance through academic, rigor of proposed studies, and prior academic performance
- Demonstrated willingness to serve others and to benefit the community through volunteering
- Exemplary character, integrity, and ethics
- Passion and commitment to personal achievement demonstrated through hard work

### **APPLICATION PROCESS**

Complete the Leah's Legacy Nursing Scholarship Application, including a personally written essay (max. 600 words) that expresses your background and goals.

Provide the following supplemental materials:

- Resume
- Letter of Recommendation by an individual unrelated to you, who is qualified to comment on your academic merit, exemplary character, integrity and ethics, and demonstrated willingness to serve others and benefit the community through volunteer and work experience
- Official transcript from the highest level of education completed

### **SCHOLARSHIP PAYMENT**

The Leah's Legacy Nursing Scholarship **will be paid directly to the educational institution** and not to individual scholars. Scholarship funds must be used within 12 months of the award date.

### **REPORTING**

All scholars are required to submit a final report and certified transcript within 12 months of receiving scholarship award, to demonstrate how the funds were used, to show the course/program was completed, and a passing grade was achieved. A reporting form will be sent to the scholar 12 months after scholarship was awarded.

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NURSING SCHOLARSHIP APPLICATION**  
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**CANDIDATE INFORMATION**

Name *(first, middle, last)*

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Permanent Address

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Telephone Number

Email Address

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Age

Last 4 Digits of Candidate's Social Security #

Grade Level Fall 2023

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**SCHOOL INFORMATION**

Name of School

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Address

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Field of Study

Student ID #

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Please List the Dates When the Grant Funds Will Be Used

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Anticipated Graduation / Completion Date

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**CANDIDATE ESSAY** (*maximum 600 words*)

**Please describe why this scholarship is important and how it will support your educational aspirations, and how you meet the following criteria:**

- 1** – Strong desire to advance through education, rigor of proposed studies, and prior academic performance
- 2** – Demonstrated willingness to serve others/benefit the community through volunteer work and work experience
- 3** – Exemplary character, integrity and ethics
- 4** – Passion and commitment to personal achievement

**CERTIFICATION**

I certify that I have not been convicted of a felony. I am not using and will not use non-prescribed narcotics or prohibited substances. I **will not drive while intoxicated/impaired** or consume liquor beyond the legal limits.

I certify that I have made true, correct and complete statements on this application with the knowledge that such statements and information may be relied upon in considering my application for a Leah's Legacy Nursing Scholarship. I understand that my misrepresentation or omission on this application, other documents, or at any time during this application process, will be sufficient grounds for the scholarship committee to deny my application.

I, \_\_\_\_\_ authorize my school to release student record information, including transcripts, to the scholarship committee.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**SCHOLAR ACCEPTANCE**

If selected for a Leah's Legacy Nursing Scholarship, I, \_\_\_\_\_, solemnly affirm that I accept and will abide by all the conditions and criteria established for the nursing scholarship.

I commit to adhere to the high standards of behavior, character, and responsibility that is expected of a Leah's Legacy Nursing Scholarship scholar. I realize that my failure to do so may result in my immediate removal from the program and loss of my scholarship, at the sole discretion of Leah's Legacy. This means that even if my behavior does not result in school or legal discipline, Leah's Legacy Board of Directors may cancel my scholarship if, in their opinion, such behavior does not properly reflect the standards expected of a Leah's Legacy Nursing Scholarship scholar.

I agree to hold Leah's Legacy harmless from any liability that may result from the loss of my scholarship for the above reasons.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date