**PRATT HEALTH FOUNDATION**

***2025 Application Form for***

***Pat Greenleaf, Barb Blankenship, and Nursing+ Scholarships***

*Email the completed application, including recommendation, to* *shanson@prmc.org**, send via interoffice mail to Stacy Hanson at Pratt Health Foundation, or mail the application to Stacy Hanson, Pratt Health Foundation, 203 S. Main St., Pratt, Kansas 67124. Applications are due by 4:30 on Friday, May 30, 2025.*

*Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Present degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*PRMC Employment start date: \_\_\_\_\_\_\_\_\_\_ Degree goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Scholarship: $2,000 (Pat Greenleaf or Barb Blankenship Scholarships) or $1,000 (Nursing Plus Scholarship)*

*Explain why you would like to be a nurse or why you would like to get a certificate or an advanced degree. How will this education affect your work at PRMC? You may attach your answer.*

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I understand that should I not fulfill the requirements of the program or continue my employment with PRMC I will be expected to reimburse the Pratt Health Foundation the full scholarship amount plus 3%.

Applicant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***PRMC SUPERVISOR RECOMMENDATION:***

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hire date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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