



# Lakes Region VNA

Since our inception in 1923, Lakes Region Visiting Nurse Association has been committed to offering high-quality, personalized and therapeutic healthcare services to our community. Our dedicated team makes approximately 40,000 home visits each year, delivering responsive and compassionate care right to our residents' doorsteps. As a 501c3 non-profit organization, we strive every day to improve and sustain the quality of life for those we serve. This year, we celebrate a century of heartfelt service at the Lakes Region Visiting Nurses Association (LRVNA); by offering an enhanced Scholarships Program. This new program offers up to three (3) \$1,500 scholarships to graduating seniors from LRVNA's service area high schools.

These scholarships are awarded to individuals who are accepted into an accredited educational program in the health care field and are based on the following criteria:

1. Applicants must be a high school graduating senior in the current year and a resident in one of the communities in LRVNA's service area.
2. A regionally accredited educational program is one which leads to a formal certification or licensure qualifying the individual for entry into the health care field.
3. The healthcare field shall be consistent with the health-related efforts of LRVNA,

Applications must be submitted by April 30th to: [scholarships@LRVNA.org](mailto:scholarships@LRVNA.org)



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The Lakes Region Visiting Nurse Association (LRVNA)'s mission is to provide high quality, responsive and compassionate Home Health and Hospice care to patients and their caregivers in New Hampshire. In accordance with this mission, LRVNA provides Scholarships. These scholarships are awarded to individuals who are accepted into an accredited educational program in the health care field and are based on the following criteria:

1. Applicants must be a high school graduating senior in the current year and a resident in one of the communities in LRVNA's service area.
2. A regionally accredited educational program is one which leads to a formal certification or licensure qualifying the individual for entry into the health care field.
3. The healthcare field shall be consistent with the health-related efforts of LRVNA,

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence (if different): \_\_\_\_\_

Phone: \_\_\_\_\_

Present School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Health Care Field you plan to enter: \_\_\_\_\_

Date to begin: \_\_\_\_\_ Anticipated completion date: \_\_\_\_\_

Institution: \_\_\_\_\_ Approximate cost per semester: \_\_\_\_\_

Degree/Certification or license: \_\_\_\_\_ Accepted (Y/N): \_\_\_\_\_

Full time: \_\_\_\_\_ Part time: \_\_\_\_\_



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4. Reason for applying for a financial scholarship:

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I heard about the LRVNA scholarship from:

Guidance Office\_\_\_\_\_ Newspaper\_\_\_\_\_ Newsletter\_\_\_\_\_ Other\_\_\_\_\_

With this application, please include:

1. A written description of your educational goals and objectives and your plan for working in the healthcare field.
2. Two (2) letters of recommendation from people who can attest to your abilities and goals. References should be from sources other than family members.
3. Applications must be sent via email to [scholarships@LRVNA.org](mailto:scholarships@LRVNA.org) no later than **April 30<sup>th</sup>**:
  - a. By submitting this application, each applicant understands LRVNA may use the student's name, story, and photo to highlight LRVNA's Scholarships Program.