



Kellsie's Hope Foundation Nursing Scholarship Application

This scholarship will be awarded annually in the amount of \$500.

This scholarship honors Kellsie Marchbanks, who was diagnosed with Osteosarcoma at age 15. During her hospital stays she developed a passion to become a Pediatric Oncology Nurse. She hoped to be able to use her experience as a pediatric oncology patient to make a difference in the lives of the children she would be caring for. She relapsed at age 20, just two weeks after she began nursing school at Goldfarb School of Nursing.

Kellsie never gave up hope and was always making plans to find ways to help others. She wanted to give back, and Kellsie's Hope Foundation continues her legacy of giving to children who have cancer and their families through wishes, raising funds for pediatric cancer research, and giving back to the nursing profession. We are able to do this through six annual scholarships: to a student from the high school she attended, as well as to someone pursuing a nursing degree, a professional nursing scholarship to a pediatric oncology nurse who wants to advance their degree and through annual scholarships to pediatric oncology staff at St. Louis Children's Hospital, SSM Cardinal Glennon Hospital and Mercy Hospital.

Applications will be evaluated by Kellsie's Hope Foundation Advisory Board. Final decisions about scholarship selection and award amount are the responsibility of Kellsie's Hope Foundation Scholarship Committee.

Submitting Your Application

Submit your completed application and the required forms, to gail@kellsieshope.com, no later than June 8th, 2020 to be considered for the scholarship.

Application Process:

1. Attach a short essay describing yourself, the reason you want to be a nurse, and how you inspire others or hope to inspire others in the future.
2. Fill out the form below including any volunteer work you have done that exhibits dedication, enthusiasm, compassion, a giving spirit and who inspires others to achieve and maintain a positive attitude.
3. Attach a letter of recommendation
4. Attach proof of acceptance into an accredited School of Nursing

APPLICANT INFORMATION

Name: _____

Permanent Address: _____

Telephone: _____ Cell: _____

Email Address: _____

VOLUNTEER WORK

Organization	Dates of Involvement	Description of Volunteer Activity

APPLICANTS SIGNATURE

**By typing my name in the box above, I acknowledge that I am electronically signing my application.*