



## **Kellsie's Hope Foundation Professional Nursing Scholarship Application**

Open to pediatric oncology staff, who meet the criteria below:

1. Pediatric Oncology nurses who want to advance their degree
2. Pediatric Oncology nurses who wish to attend an accredited conference or workshop related to the care of Pediatric Oncology Patients

This scholarship will be awarded annually in the amount of \$1,000.

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.

# Kellsie's Hope Foundation Professional Scholarship Application

## INSTRUCTIONS FOR THE 2020 APPLICATION

1. Fill out and sign the application below
2. Attach a letter of recommendation
3. Attach a brief essay, describing:
  - Your current role/position at your hospital on the pediatric oncology unit
  - How you plan to use the scholarship (i.e. pursuit of a degree or attending a workshop/conference)
  - How this scholarship will help you attain your goal in caring for pediatric oncology patients
  - How you feel that you have made a difference in a patient's stay at the hospital

## **APPLICANT INFORMATION**

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email address: \_\_\_\_\_

## **EMPLOYER INFORMATION**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Contact information: \_\_\_\_\_

## **CURRENT POSITION IN PEDIATRIC ONCOLOGY UNIT**

Title: \_\_\_\_\_

Length of time in this position: \_\_\_\_\_

**SCHOLARSHIP OPTIONS:** (Check One)

Advancing your degree

Name of school:

Wishing to attend an Accredited Workshop or Conference pertaining to the care of Pediatric Oncology Patients.

Name of Conference/Workshop requesting to attend:

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Please return this signed application along with your essay to [gail@kellsieshope.com](mailto:gail@kellsieshope.com) by June 8th, 2020.