



Kellsie's Hope Foundation Nursing Scholarship Application

This scholarship will be awarded annually in the amount of \$1000

This scholarship honors Kellsie Marchbanks, who was a pediatric oncology patient. She was diagnosed with Osteosarcoma at age 15 and 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 patient to make a difference in the lives of the children she would be caring for. She relapsed at age 20, just 2 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...giving to children who have cancer and their families through wishes, raising funds for pediatric cancer research, and giving to the nursing profession. We are able to give back to the profession through four 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 an annual scholarship to a pediatric oncology staff member at St. Louis Children's 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 application and the required forms, to samantha.ingram04@gmail.com no later than April 30th, 2021 to be considered for the scholarship.

Application process:

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.

Fill out the attached form of volunteer work you have done that exhibits dedication, enthusiasm, compassion, a giving spirit and who inspires others to achieve and maintain a positive attitude.

A letter of recommendation

Acceptance into an accredited School of Nursing

APPLICANT INFORMATION

Name _____

Permanent Address _____

Telephone Number () _____ Cell Number () _____

Email address _____

VOLUNTEER ACTIVITIES

Organization	Dates of Involvement	Description of Volunteer Activity

APPLICANTS SIGNATURE
