



## Jane E. Meyer Nurse Practitioner Scholarship

### Overview

The Jane E. Meyer Nurse Practitioner Scholarship was created by her family and health care profession colleagues to honor Jane E. Meyer, FNP-BC, ANP-BC, a leader in the community and an advocate of the Nurse Practitioner profession. The scholarship will provide funding for students who are accepted into and/or are attending a nationally accredited Nurse Practitioner program.

Students who meet the following qualifications may be considered for selection:

- Resident of Jackson County
- Has practiced or is currently practicing as a registered nurse at Schneck Medical Center in Seymour, Indiana
- Desires to practice as a Nurse Practitioner in Jackson County following graduation
- Academic achievement
- Community activities

If selected, this is a one-time scholarship award but current recipients may reapply for consideration in successive years.

Applications are available at <http://www.cfjacksoncounty.org/scholarships/scholarship-form>.

### Checklist

Recipients will be notified of their award in August. The following must be submitted to the address below no later than **July 21, 2025**.

- Completed application form.
- If currently enrolled, provide a transcript of all semesters of Nurse Practitioner academic work.
- If not currently enrolled, provide a transcript of the last two semesters of undergraduate work.
- Two letters of support from professional colleagues.

Send all required application materials by the due date to  
The Community Foundation of Jackson County  
P.O. Box 1231  
107 Community Drive  
Seymour, IN 47274

# JANE E. MEYER NURSE PRACTITIONER SCHOLARSHIP SCHOLARSHIP APPLICATION

Completed applications and all required materials due to the Community Foundation office no later  
than July 21, 2025

Date: \_\_\_\_\_

## I. PERSONAL INFORMATION:

1. Name \_\_\_\_\_

2. Home Address \_\_\_\_\_

3. Home Phone \_\_\_\_\_

4. Home E-mail Address \_\_\_\_\_

5. Marital status \_\_\_\_\_

6. Number and ages of children, if applicable \_\_\_\_\_

Number in family currently in college \_\_\_\_\_

## II. EDUCATIONAL BACKGROUND:

### List All Schools Attended

High School \_\_\_\_\_

Location \_\_\_\_\_

Year of graduation \_\_\_\_\_

College/University \_\_\_\_\_

Location \_\_\_\_\_

Year of graduation \_\_\_\_\_

Major/Minor \_\_\_\_\_

Degree obtained \_\_\_\_\_

College/University \_\_\_\_\_

Location \_\_\_\_\_

Year of graduation \_\_\_\_\_

Major/Minor \_\_\_\_\_

Degree obtained \_\_\_\_\_

Estimated date of completion for Nurse Practitioner Degree \_\_\_\_\_

### III. EMPLOYMENT

Are you currently employed? ☐ Yes ☐ No  
(List all current employers)

Employer \_\_\_\_\_ How Long? \_\_\_\_\_

Job Title/Description \_\_\_\_\_ Supervisor \_\_\_\_\_

Hours worked/Wk \_\_\_\_\_

Employer \_\_\_\_\_ How Long? \_\_\_\_\_

Job Title/Description \_\_\_\_\_ Supervisor \_\_\_\_\_

Hours worked/Wk \_\_\_\_\_

#### Past Employment

<u>Job Title/Description</u>	<u>Period of Employment</u>	<u>Hours Worked/Wk</u>
_____		
_____		
_____		
_____		
_____		

### IV. EXTRACURRICULAR AND VOLUNTEER ACTIVITIES

Please list any organizations, clubs, and athletics you have been involved with including years of involvement, leadership positions held, and honors and awards received:

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**V. FINANCIAL RESOURCES**

Estimated annual cost of attending  
Nurse Practitioner education including  
tuition, books and fees:

\$ \_\_\_\_\_

Any other scholarships or grants awarded:

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

Existing educational loan balances:

\$ \_\_\_\_\_

Other financial aid:

\_\_\_\_\_

\$ \_\_\_\_\_

Other financial considerations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information on this application is true and accurate to the best of my knowledge. I consent to the release of this information for the sole purpose of applying for the scholarship named above.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)