



## Kentucky State University Foundation CHI Saint Joseph Health Scholarship

Thank you for your interest in applying for the Kentucky State University Foundation CHI Saint Joseph Health Scholarship. The CHI Saint Joseph Health Scholarship Program is created to support students attending the KSU School of Nursing's Associate of Applied Science in Nursing or Bachelor of Science in Nursing degree programs. Recipients must meet the criteria set by the scholarship committee and progress towards the successful completion of the KSU Nursing's AAS program or BSN program. **Upon graduation, recipients will begin a thirty (30) month employment period with CHI Saint Joseph Health.** To ensure that we have all of the information needed to review your eligibility, please complete this application in full.

Once completed, please submit all of the required documents by email to [MaryEllen.Broaddus@kysu.edu](mailto:MaryEllen.Broaddus@kysu.edu) or by mail to:

*Nursing Scholarship Committee  
Attention: Mary Ellen Broaddus, Program Administrator  
400 E. Main St., Betty White Building, Office #119  
Frankfort, KY 40601*

1. Applicant's Full Name: \_\_\_\_\_  
Last Name First Name Middle Initial

2. KSU ID: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

3. Applicant's Complete Address:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address (Second Line)

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

4. Date to graduate (or graduated) from high school: \_\_\_\_\_

5. Date to enter (or entered) college: \_\_\_\_\_

6. Number of years of college completed (if any): \_\_\_\_\_

7. Current GPA: \_\_\_\_\_



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8. Major or Intended Major: \_\_\_\_\_ Minor: \_\_\_\_\_

9. Extra-curricular activities (description or details may be added as an attachment)

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10. References. Please provide email addresses and contact numbers of at least two references.  
Applicants may be contacted if required.

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11. Please attach a personal statement (300 – 500 words) discussing your future goals and aspirations, and why you are seeking financial assistance.

12. Letters of Recommendation: Please have two letters of recommendation submitted by the deadline  
Directly to: [MaryEllen.Broadus@kysu.edu](mailto:MaryEllen.Broadus@kysu.edu).

- Letters of recommendation should be on letterhead from a core class professor.
- Once you have been accepted into the nursing program applicants must have one of the above letters of recommendation from a professor in the nursing department.
- Your letters of recommendation can be submitted from and is not limited to the names you listed as references.



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- \_\_\_\_\_ I acknowledge that I understand, I will be obligated to reimburse CHI/Saint Joseph Health if I fail  
Initial to complete the passing of the NCLEX, withdraw/or are academically suspended from school or  
the program, for the full amount of the scholarship awarded to me.
- \_\_\_\_\_ I acknowledge that I understand, all awards require a commitment of 30 months of  
Initial employment to CHI/Saint Joseph Health upon graduation and successfully passing the NCLEX  
examination.
- \_\_\_\_\_ I acknowledge that I understand, if I breach the thirty (30) month employment contract with  
Initial CHI/Saint Joseph Health, I am obligated to reimburse the full amount of the scholarship awarded  
to me.
- \_\_\_\_\_ I acknowledge that I understand that all awards will be disbursed according to the donor's  
Initial assigned criteria.
- \_\_\_\_\_ I consent that my picture may be used for any purpose deemed necessary to promote this  
Initial scholarship program.

\_\_\_\_\_  
Applicants Name (PRINT)

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date



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### STATEMENT OF ACCURACY

I hereby affirm that all of the stated information provided by me is true and correct to the best of my knowledge. I also understand any willful dishonesty may render for refusal of this application or immediate recension of the scholarship if awarded.

Signature of scholarship applicant: \_\_\_\_\_

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

I, \_\_\_\_\_, certify that I have reviewed the application  
(Nursing Program Administrator)  
packet and all items are complete to the best of my knowledge.

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

#### Reminders:

- The deadline for the application is Friday, August 1, 2025.
- This statement of accuracy must be submitted with the application or your application will not be considered for review.
- Two letters of recommendation should be sent via email to [MaryEllen.Broaddus@kysu.edu](mailto:MaryEllen.Broaddus@kysu.edu).