



Foundation

Barbara Hair Excellence Through Education Program Scholarship Application

The Nexion Health Foundation annually grants several \$1,500 scholarships to Nexion Associates' children who attend an accredited college or vocational school. Primary consideration will be given to applicants pursuing careers related to health and/or elder care.

To apply, complete and submit this application form, along with an Original Essay and two Letters of Recommendations. Please see below for further requirements. Completed applications must be submitted by April 30. Scholarships are awarded based on the decision of the Foundation Board of Directors.

****Applications are subject to the Nexion Health Foundation Guidelines****

ASSOCIATE/STUDENT INFORMATION

Name: _____ Date of Birth: ___/___/___

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____ Email: _____

Please complete the following:

___ I am related to a Nexion Associate; please provide name of Parent/Guardian and employing facility

Associate Name Facility Name

Associate's Title Date of Hire: _____

HIGH SCHOOL INFORMATION

Name: _____ Class Rank: _____ GPA _____

Address: _____ City/State/Zip: _____

COLLEGE INFORMATION

Name: _____ Prior Awardee: Yes _____ No _____

Current Student/Acceptance Letter: Yes _____ No _____ Student ID: _____

Remittance Address: _____ City/State/Zip: _____

The Nexion Health Foundation seeks to improve the lives of those who live and work in the communities served by Nexion Health facilities through a variety of financial assistance and gift-giving programs. The Foundation is dedicated to addressing the needs of non-profit organizations and charities that serve the elderly and disabled. In addition, the Foundation makes financial contributions that support the educational, social, civic, and humanitarian goals of eligible Nexion Associates and their immediate family members. All funding will be determined on a case-by-case basis and approved by the Foundation Board.

Barbara Hair Excellence Through Education Program

Scholarship Application

(PAGE TWO)

SCHOOL ACTIVITIES, CLUBS, ORGANIZATIONS & OUTSIDE INTERESTS

CAREER PLANS/FIELD OF STUDY

ADDITIONAL INFORMATION

I have answered these questions to the best of my ability and will accept the conditions of this scholarship. I recognize that all entries and essays become the property of Nexion Health Foundation and that Nexion may publish photos of winners and other non-private information as deemed appropriate without further consent from me or my parents/guardians.

Scholarship Applicant Signature

Date

Parent/Guardian Signature

Date

ORIGINAL ESSAY*

Applicants submit a 12-pt. typed, double spaced 1,000-word essay entitled:

“How My Educational and Career Goals Will Help To Meet the Needs of the Elderly”

*N/A to prior scholarship awardees

LETTERS OF RECOMMENDATION

Applicants should also submit at least two (2) letters of recommendation from:

(1) Administrator at Facility where Parent works, and (2) Educator or any non-family member.

APPLICATIONS WITH ESSAY AND TWO RECOMMENDATIONS TO BE SUBMITTED BY APRIL 30

Apply by submitting completed application, essay and two letters of recommendation to:
Nexion Health Foundation, 6937 Warfield Ave., Sykesville, MD 21784

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