



# 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 and are 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 February 28. 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. The Foundation also funds a variety of programs designed to enrich the lives of Nexion Associates who demonstrate a commitment to long term care. 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

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### CAREER PLANS/FIELD OF STUDY

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### ADDITIONAL INFORMATION

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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 FEBRUARY 28***

**Apply by submitting completed Application, Essay and Two Recommendations to:**  
Nexion Health Foundation, 6937 Warfield Ave., Sykesville, MD 21784

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