



Tri-State Nursing Advancement Learning Scholarship

"We would like to ensure that individuals have the opportunity to pursue a career in the healthcare industry by obtaining at least one of a variety of certified position trainings. Please fill out the information below to be considered for our scholarship."

Bridget Hoefling, President Tri-State Nursing

CANDIDATE INFORMATION:

Name: _____

Address: _____
Street

City State Zip

Primary phone/Alternate phone: _____

Course you wish to attend: _____

Scholarship terms and conditions:

- It is the responsibility of the candidate to submit all required information.
- Tri-State Nursing will not attempt to make contact in the event required information is missing.
- There are no financial requirements or stipulations, but written justification is required.
- The selected candidates will need to interview at Tri-State Nursing prior to final decision.
- The scholarship recipient will complete the course at Tri-State Nursing Learning Center, based on availability.

In order to be considered for the scholarship, the following requirements and criteria must be met:

- Complete CANDIDATE INFORMATION portion of application
- Complete WRITTEN JUSTIFICATION portion of application, why the candidate should be selected
- Complete BACKGROUND CHECK AUTHORIZATION form

The scholarship paperwork can be submitted at our office or mailed to: Tri-State Nursing
3100 S Lakeport Street
Sioux City, Iowa 51106

Please address the envelope to the attention of the Scholarship Committee.

I understand the requirements and terms of the scholarship request.

Signature of Candidate: _____ Date: _____

1-800-727-1912

3100 S. Lakeport St
Sioux City, IA
51106
712-277-4442

7701 Pacific St
Suite 122
Omaha, NE 68114
402-502-1610

3800 W. Technology Cir
Suite 201
Sioux Falls, SD 57106
605-221-0850

215 9th Ave SE
Watertown, SD
57201
605-753-7530

205 Flindt Dr
Suite 1
Storm Lake, IA 50588
712-213-3500

107 E. Southridge Rd
Suite B
Marshalltown, IA 50158
641-352-4710

