



Lukach Memorial Scholarship Guidelines

Purpose: To assist an individual to advance his or her education within the healthcare field.

General Guidelines:

1. The Scholarship committee shall be comprised of VNA Foundation Board members.
2. A member of the family of the founder, Mrs. Avis Lukach, will be invited to serve on the committee annually.
3. Amount and number of scholarships shall be determined annually upon the recommendation of the Scholarship committee to the VNA Foundation Board and shall not exceed the earnings available from April 1 through March 31.

Applicant Guidelines:

1. Must be a resident of northwest Indiana.
2. Must be currently employed in and pursuing additional education in the healthcare field.
3. Must be able to provide evidence of application to educational program in the health care field and a Social Security number to be considered for aid.
4. The application must be complete, including letters of reference, to be considered by the Scholarship committee.

Recipient Guidelines:

1. Must be able to provide evidence of acceptance to an appropriate educational program before scholarship is distributed.
2. Scholarship funds shall be distributed jointly to the educational institution and recipient.
3. Scholarship funds shall be used for tuition, books, and other costs related directly to the education.
4. Scholarship funds not expended in one calendar year from the date funds are distributed shall be returned to Lukach Memorial Scholarship Trust.
5. The Lukach Memorial Scholarship is non-renewable. Previous recipients are not eligible for further funding.
6. Recipient agrees to sign receipt of guidelines and photographic release form.

Visiting Nurse Association Foundation
2401 Valley Drive, Valparaiso, IN 46383 | 219-462-5195



Lukach Memorial Scholarship Fund
Scholarship Application

Personal Data

First Name _____ Middle Name _____ Last Name _____

Address: _____
Street City State Zip code

Telephone: (home) _____ Mobile: _____

Email: _____

Education

Schools Attended: (beginning with the most recent)

Name/Location	Years Completed	Major	Degree	GPA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employment History

List all positions held, beginning with the most recent

Company #1: _____

Position: _____ Length of Employment: _____

Responsibilities: _____

Company #2: _____

Position: _____ Length of Employment: _____

Responsibilities: _____

Employment History (continued from first page)

Company #3: _____

Position: _____ Length of Employment: _____

Responsibilities: _____

Skills/Qualifications

Summarize any special training, skill, licenses and/or certificates:

Community/Outside Activities

List any professional, trade, business or civic associations and any offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.

Organization

Offices Held

List any special accomplishments, awards, etc.

Career Goals

Desired Profession: _____

College/Vocational School Necessary to Achieve Certificate or Degree:

Name of School: _____

School Location: _____

Desired Certificate/Degree: _____

Are you presently enrolled? Yes _____ No _____

 If yes, please indicate:

 Anticipated year of graduation: _____

 Full time or part-time enrollment: _____

 Estimate of projected expenses for coming year: _____

References

Please attach with this completed application letter(s) of recommendation (maximum of three).

Self Appraisal

Describe below in your own words why you feel that you should be considered for this scholarship. You may use an additional page.
