



Maryellen LaRoche Nursing Scholarship Application Form

The Home Care, Hospice & Palliative Care Alliance has established the **Maryellen LaRoche Nursing Scholarship** to support individuals currently employed in the hospice or home care setting who are working towards an associate, bachelors or advanced nursing degree. The Scholarship honors Maryellen LaRoche, who was the executive director of Carroll County Health & Home Care in Chocorua until her death in 2009 and was a mentor to paraprofessional and nursing staff throughout her career.

Name: _____

Email: _____ Phone: _____

Home Address: _____ City/State/Zip: _____

School Year for Which Application is Made: _____ [] Spring [] Summer [] Fall

Applicant Attends (School): _____

Sponsoring Agency (must be a current provider member of the Alliance; see website for listing of current member agencies):

Contact Person (supervisor or manager): _____ Title: _____

Phone: _____ Email: _____

** Eligibility Criteria are Printed on Reverse **

Please include the following documentation:

- Proof of matriculation in NH Board of Nursing approved ASN, BSN, or MSN program or an accredited nursing program located in another state.
- A copy of the applicant's NH Driver's License as proof of residency; OR if not a NH resident, a statement from employer confirming employment at a NH home health agency for the past 3 years.
- Transcript showing completion of coursework to date, with G.P.A. of 3.0 or better.
- Nomination letter, not to exceed two (2) typewritten pages, from either the applicant's immediate supervisor or other management staff person at HCANH member agency (see list on reverse).
- A narrative from the applicant, not to exceed two (2) typewritten pages, that addresses the questions:
 1. Why do you want to become a nurse/further your nursing education?
 2. What do you most value about or have you learned from your work in home care?
- You may attach additional letters of support from co-workers or faculty.



Your narrative is VERY important and will be key in determining which candidates are selected to receive scholarships.

Scholarship Eligibility Requirements

- Applicant must be a NH resident OR, if a non-resident, must have worked at a NH home health or hospice agency for at least the past three (3) years.
- Applicant must be attending a nursing education program (ASN, BSN, MSN). Program must be EITHER approved by the NH Board of Nursing (if operating in NH) or accredited. Proof of matriculation must be presented.
- Applicant must have completed at least one year of coursework and have achieved a GPA of 3.0 or better. Transcript must be submitted showing completed coursework as of the date of application.
- Applicant must be currently employed at a licensed home healthcare agency that is a member in good standing of the Home Care, Hospice & Palliative Care Alliance of New Hampshire.
- Applicant must submit a letter of nomination from his/her home care employer – either from immediate supervisor or other management staff person. The letter should confirm the applicant's work history at the member agency, comment on the applicant's qualities, and state why the applicant should receive a scholarship.
- Applicant must accompany application form with a narrative, not to exceed two pages, addressing the questions:
 - 1) Why do you want to become a nurse/further your nursing education?
 - 2) What do you most value about or have you learned from your work in home care?
- The Association expects to award one \$1,000 scholarships each year, depending on the financial resources available. Additional awards may be made if funds allow. These funds will be payable directly to the education institution to be applied towards student expenses. These funds may be used towards: tuition, books, lab fees, and other educational fees.