

The Caston Stewart Fund

A scholarship for High School seniors

Guidelines

Description & Purpose: The Caston Stewart Fund was established by Tommy Stewart & Cathy Dischner to ensure the future of nursing at WellSpan Health in Adams County. As retired nurses, Tommy & Cathy understand the importance of building a pipeline of nurses to serve the growing, Adams County community. The hope for this scholarship is that it will help a young person start their career in nursing.

Amount of Award:

• \$2,500 to an Adams County High School Senior pursuing a degree in nursing.

Qualifications:

- Must be a High School senior in Adams County.
- One letter of recommendation from a teacher, guidance counselor, or school administrator.
- Accepted to an accredited nursing program. Show proof of acceptance.

Selection Process: Blinded essays will be rated with established rubric using essay criteria for a non-biased selection process.

Notification: Scholarship winners will be notified in Spring of 2024.

Completed application and essay returned by March 29, 2024, to contact Kim Shank, Director of Clinical Development at kshank@wellspan.org.

If you would like more information about careers at WellSpan Health, visit www.joinwellspan.org.

For questions about the scholarship, please contact Kim.



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Essay Requirements

Read the following guidelines to use when writing you essay. These guidelines were created so that the reading of essays can be done as efficiently as possible and failure to follow these guidelines could mean that you would not be considered for the Stewart Scholarship.

- Limit essay to two (2) double-spaced pages.
- You must have at least 1-inc margins (left, right, top, & bottom).
- Use a font (no smaller than 11pt) that is easily readable.

Essay Content

- 1. What is your past and/or present work and/or volunteer engagement in the community?
- 2. Why are you pursuing a degree in Nursing?
- 3. What do you believe to be the most important qualities and/or traits make an effective/efficient/good nurse?
- 4. Career aspirations and/or goals upon completion of educational program.
- 5. Upon graduation, what is your intention to serve patients of the Adams County community?

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General Information

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Application

Full Name:				
	First	M.I.	Last	
Current Addre	ess:			
City:		State:	ZIP:	
Email:		Phone:		
College/ Univ	ersity Planning to <i>i</i>	Attend:		
Major:		Minor (If Applicable):		
Expected Dat	e of Graduation: _	/		
	<u> App</u>	licant Release Autho	orization	
accurate. I au and I authoriz WELLSPAN I	thorize the release e WELLSPAN HEA HEALTH publicatio	of information to con ALTH to use a quote on the first instance of the second second instance of the second instan	ion is true, complete, and firm and/or verify this application, or sentence from my essay in any eter or donor report), otify me of any such use prior to its	
Student Signature:			Date:	
Parent Signature:			Date:	

Application Deadline: March 29, 2024