



N160 St. Rt. 108
 Napoleon, OH 43545-7729
 Phone: 419-592-6451
 Fax: 419-599-5178
 Email: info@fillinghome.org

Moser Nursing Scholarship Application

Name: _____ Phone: _____

Address: _____

Age: _____ Date of Birth: _____

Father's Occupation: _____ Place of Employment: _____

Mother's Occupation: _____ Place of Employment: _____

College Attending: _____ Major & Degree Sought: _____

Briefly, why do you wish to enter the field of nursing? _____

If you have been awarded financial assistance or other scholarships, please list.

Type of Aid	From Whom	Amount
_____	_____	_____
_____	_____	_____

We have examined this application and confirm the records are true, complete, and accurate.

Applicant Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

These signatures are to be affixed prior to forwarding the application.



Rooted in faith, we support people with intellectual and developmental disabilities, enriching lives full of value, hope, and choice within their community.





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Moser Nursing Scholarship

1. A scholarship will be granted to a student who aspires to become a Licensed Practical Nurse or Registered Nurse.
2. The \$1,000.00 scholarship will be paid to the chosen school at the time that fees are due.
3. There are no restrictions on the student's choice of hospital or school.
4. Applicants must have notification of acceptance from the school where they plan to enroll prior to consideration for the scholarship.
5. Applicants must be a 2024 high school graduate.

To be considered, each applicant must include:

- **A three-paragraph summary explaining why you would like to enter the field of nursing, and why you desire this scholarship.**
- **A transcript of your high school grades.**
- **Two letters of recommendation.**
- **Please remit to: N160 State Route 108, Attn. Scholarship Committee, Napoleon, OH 43545.**

6. All components of the application must be postmarked by March 31, 2024 to the Scholarship Committee. The Committee will meet before the end of April to select the recipient. You will be notified of the Committee's decision by mail.



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Filling Homes Employee Scholarship

Name: _____ Telephone: _____

Address: _____

Date of Birth: _____ Age: _____

Children _____ Ages _____

Current Occupation: _____

Spouse's Occupation & Place of Employment: _____

Name of College Attending: _____

College Major & Degree Sought: _____

Why did you or do you wish to enter this field? _____

Why do you desire to obtain this scholarship? _____

I hereby certify this application and the statements herein are true, complete, and accurate.

Signature

Date



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Filling Homes Employee Scholarship

1. A scholarship will be granted to an active employee of Filling Homes who is interested in pursuing advanced education in the Health and Human Service field with the intent of pursuing employment serving individuals with intellectual and developmental disabilities.
2. The \$1,000.00 scholarship will be paid to the chosen school at the time that fees are due in two equal increments. The first payment of \$500.00 will be paid for in August of the current school year for the Fall Semester. The second payment of \$500.00 will be paid in December for the Winter Semester. At the time each payment is due, the employee shall verify their employment status is active before payment is made. Should the employee resign or be terminated, the scholarship will immediately be revoked.
3. Applicants for this scholarship must be employed full time (36-40 hours per week) by Filling Homes.
4. A letter of recommendation must be provided by the employee's supervisor and at least one other employee of Filling Homes.
5. Applicants must complete the application form and write a short (75 words or less) essay describing the reasons for desiring to enter the chosen field.
6. Applicants must have notification of acceptance from the school where they plan to enroll prior to consideration for the scholarship.

To be considered, each applicant must include:

- **Application must be completed in full.**
- **Be a full time employee of Filling Homes and/or on educational leave.**
- **Two letters of recommendation as stated above.**
- **Please remit application to: N160 State Route 108, Attn. Scholarship Committee, Napoleon, OH 43545.**

7. All components of the application must be date and time stamped or postmarked by March 31, 2024 to the Scholarship Committee, Attention Jean Cohrs. The Committee will meet before the end of April to select the recipient. You will be notified of the Committee's decision by mail.
8. Scholarship Funds need to be utilized by the end of the 2024-2025 school year or they will be forfeited.