



P.O. Box 712043
Salt Lake City, UT 84171

www.NeedsBeyondMedicine.org

The Karen Poulsen Brown Memorial Scholarship Fund

(Deadline: Application Entry MUST be postmarked on or by December 10, 2024)

Background:

The Karen Poulsen Brown scholarship, established in 2020 by the Needs Beyond Medicine Board of Directors, commemorates Karen's unwavering dedication to family, community, and her 25-year service in the nursing field. In honor of her legacy, this \$1,000 scholarship aims to assist aspiring nursing students in covering specific college education expenses.

Eligibility Criteria:

To be considered for this scholarship, applicants must fulfill the following criteria:

- Must currently reside in the State of Utah.
- Must be attending an accredited College or University in Utah.
- Must be enrolled in a nursing program or planning to enter a nursing program within the 2025 academic year.
- Must be a U.S. Citizen or hold a current F-1 student visa.

Application Process:

1. Complete the Scholarship application form provided.
2. Compose a two-page essay on the designated topic, using a single-spaced 12-point font with 1" margins.
3. Submit applications via post, email, or online by December 10, 2024.

Submission Details:

The Karen Poulsen Brown Scholarship Fund

P.O. Box 712043

Salt Lake City, UT 84171

Email: karenbrownscholarship@needsbeyondmedicine.org

Subject: Scholarship Application Spring 2025

Winner Notification:

The winner will be notified around December 20, 2024, through their listed mailing address.

Additional Information:

- A. The decision will consider meeting eligibility criteria and the strength of the essay.
- B. The scholarship must be used for valid school-related expenses, including tuition, fees, or books. Proof of attendance at an accredited Utah College or University is mandatory, and tentative fund usage plans must be provided before disbursement.
- C. Ineligibility may result from failure to attend an accredited Utah College or University, not meeting eligibility requirements, or misrepresentation of intended nursing major or career plans. In such cases, funds must be returned.
- D. For questions, email karenbrownscholarship@needsbeyondmedicine.org.
- E. The Fund encourages all qualified applicants and does not discriminate based on various factors.

Please read and follow the instructions carefully, and good luck with your application!

The Karen Poulsen Brown Memorial Scholarship Fund Application

Contact Information:

Name: _____

Current Address: _____ City: _____

State: ____ Zip Code: _____

Mobile Phone: _____

Email: _____

Date of Birth: _____

Are you a U.S. Citizen? (Circle one) Yes No

Academic Information:

Name of Current College/University: _____

School Address: _____

Major/Track: _____ Expected Graduation Date: (MM/YYYY) _____

Do you plan on pursuing a career in the nursing field? (Circle one) Yes No

In what nursing field/specialty would you like to work? _____

Please estimate how you will use Scholarship Funds:

\$_____ Tuition \$_____ Fees \$_____ Books \$_____ Other

If you plan to use the scholarship funds for reasons other than tuition, fees, or books, list them below:

I hereby affirm that all the information provided is true and any false statement will forfeit my qualification for the consideration and awarding of The Karen Poulsen Brown Memorial Scholarship. All information in this application is strictly confidential and will not be returned.

Signature: _____ Date: _____

Print Name: _____

