



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



[www.NeedsBeyondMedicine.org](http://www.NeedsBeyondMedicine.org)

## **The Karen Poulsen Brown Memorial Scholarship Fund**

(Deadline: Application Entry MUST be postmarked on or by: September 1, 2022)

### **Background**

The Karen Poulsen Brown scholarship was established in 2020 by the Needs Beyond Medicine Board of Directors. It was created to honor Karen's dedication to her family, her community, and to the field of nursing where she worked for over 25 years. Karen died in 1996 after a valiant fight against ovarian cancer, and this scholarship has been established in an attempt to aid future nursing students who represent the same level of commitment, enthusiasm, and positive attitude that she exhibited. The scholarship is set at \$1,000 and is designed to help students pay for specific college education costs.

### **Eligibility Criteria**

To be considered for this scholarship, the applicant must meet ALL of the following criteria:

- Must currently reside in the State of Utah;
- Must be currently attending an accredited College or University in Utah;
- Must be currently enrolled in a nursing program, or be enrolled in College/University and planning to enter a nursing program within the 2022-23 year;
- Must be a U.S. Citizen or hold a current F-1 student visa;

### **How do I apply?**

- 1) To apply, complete the Scholarship application form that follows this page.
- 2) Type a two-page essay on the topic provided in the space provided. Please use single spaced 12-point font with 1" margins.
- 3) Applications MUST be postmarked, e-mailed, or submitted online on or by: September 1, 2022.
- 4) The winner will be notified through their listed mailing address on or around: October 1, 2022.

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You may also e-mail the application to: [karenpbrownscholarship@needsbeyondmedicine.org](mailto:karenpbrownscholarship@needsbeyondmedicine.org) .  
Please either send as a PDF or a DOC. Use "Scholarship Application 2022" as the subject.

### **What else do I need to know?**

- 1) The decision will be based on the applicant's meeting of the Scholarship eligibility criteria and the applicability and strength of the required essay.
- 2) The Scholarship MUST be used on valid school-related expenses. These include, but are not limited to, tuition, fees, or books. The student MUST provide proof of attendance at an accredited Utah College or University, and must provide tentative use of the funds before being awarded the scholarship monies.
- 3) If, for any reason, the winner is deemed to be ineligible for the scholarship, for reasons that include, but are not limited to – failure to attend an accredited Utah College or University, failing to meet the eligibility requirements for the scholarship, or misrepresentation of intended nursing major or career plans – the winner may have the scholarship revoked, and any monies paid must be returned to the scholarship fund immediately.
- 4) If you have any questions regarding eligibility or the application process, e-mail: [karenpbrownscholarship@needsbeyondmedicine.org](mailto:karenpbrownscholarship@needsbeyondmedicine.org)



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### The Karen Poulsen Brown Memorial Scholarship Fund Application

Please complete all information or your application will not be considered (type or write legibly)

#### Contact Information:

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are you a U.S. Citizen?    • Yes    • No

#### Academic Information:

Name of Current College/University: \_\_\_\_\_

School Address and Phone: \_\_\_\_\_

Major/Track: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Do you plan on pursuing a career in the nursing field? • Yes • No

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

Please estimate how you will use Scholarship Funds:        \$\_\_\_\_\_ Tuition \$\_\_\_\_\_ Fees

\$\_\_\_\_\_ Books    \$\_\_\_\_\_ Other

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



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The Karen Poulsen Brown Memorial Scholarship Fund encourages all qualified applicants. The Fund does not discriminate on the basis of race, ethnicity, religion, physical ability, class, sexual orientation, age, sex or gender.

**Essay:**

In the space below, write a two to three-page essay including the following topics:

1. Your goals as they relate to your education, career and future plans in the nursing field?
2. What led you to be interested in the nursing field?
3. What motivates you to be successful in your future career?
4. Any other reasons why you are a qualified candidate and should be considered for the scholarship?

Please remember a cohesive, well-written essay (including grammar, spelling, and detail surrounding the required topics) is part of the judging process. This essay is the main deciding factor towards the scholarship award, so make sure your essay is compelling, interesting, and accurate.

*The winning applicant will be asked to provide a one-page letter and invited to the Karen P. Brown Relief Golf Tournament in July. Details will be emailed to the winner with the specific event details. We do require a thank you letter with details on how the scholarship helped (one-page).*