

2026 Scholarship Application

Most scholarships require recipients to be an LMH Health full-time or part-time employee who has completed at least one year of successful employment at LMH Health, and is or will be enrolled full-time or part-time in an accredited nursing, healthcare-related or healthcare-supportive program of study. A healthcare-supportive program of study could include:

- Accounting/Finance
- Human Resources
- Marketing/Communications
- Facilities/Plant Services
- Pastoral Care
- Health Information Management Services/Medical Records
- Data Analytics
- Dietary Education/Food Management
- Sterile Processing
- Risk Management/Compliance
- Population Health
- Information Technology/Computer Engineering
- Supply Chain/Purchasing
- Philanthropy
- Health Equity
- Emergency Preparedness

LMH Health Foundation offers a limited number of scholarships for children/dependents of LMH Health employees and LMH Health volunteers enrolled as a full-time or part-time student in an accredited post-secondary college, university, trade school or program.

LMH Health Foundation also offers one scholarship, the [Leslie Riner Memorial Nursing Scholarship](#), to a nursing student enrolled at Baker, Washburn or Emporia Universities. The recipient can be employed at LMH Health or otherwise.

All scholarship funds will be paid to the educational institution and applied to the cost of tuition.

Only complete applications will be considered. Please be sure to include the following:

- Current school transcript (official transcript is not required)
- Course schedule or proof of acceptance in an accredited program
- Applicant Information sheet and Personal Summary responses
- Letter of recommendation from a supervisor, manager or director of the applicant's choice (mentor/teacher if not an employee).

Must include:

- Name of applicant
- Date of LMH Health employment (if applicable)
- At least one example of how the applicant displays our cultural values (attached)
- Supervisor, manager or director - mentor/teacher signature or email signature and title

All applications must be complete, submitted as one PDF file or printed packet, and received by LMH Health Foundation ***before 4:30 p.m. on Friday, April 3, 2026*** to be considered.

Timeline

Friday, April 3, 2026 by 4:30 p.m.

- Completed applications are due, and may be submitted one the following ways:
 1. Upload your completed PDF file at www.LMH.org/scholarship (**preferred**)
 - Please note that the application and all supporting documents must be combined into a single PDF to be considered.
 2. Email your completed PDF file to Foundation@LMH.org.
 - Please note that the application and all supporting documents must be combined into a single PDF to be considered.
 3. Completed physical packet turned into the Foundation office at 316 Maine St., Lawrence, KS 66044
 - Turn in at the front desk during normal business hours (8:30am-5pm, Monday-Friday)
 - Deposit into the drop box to the left of the front door outside of normal business hours.
 4. Mail your completed physical packet (postmarked on or before April 3, 2026) to:

LMH Health Foundation
Attn: Scholarship Committee
316 Maine St.
Lawrence, KS 66044

First week of May 2026

- Scholarship recipients will be notified and given instructions for next steps

SAVE THE DATE Wednesday, May 13, 2026 at 1:30 pm

- Scholarship reception in the Atrium of the main campus
 - 325 Maine Street, Lawrence, KS 66044

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Applicant Information

Name _____ Department _____

Street Address _____ City/State/Zip _____

Email _____ Phone _____

Current position _____ Date of employment _____

Academic program _____

Please check all that apply to you:

- | | |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> I am an employee enrolled in a CNA program. | <input type="checkbox"/> I am the child of an LMH Health employee. |
| <input type="checkbox"/> I am an employee enrolled in an LPN program. | _____ |
| <input type="checkbox"/> I am an employee enrolled in an RN program. | Employee name |
| <input type="checkbox"/> I am an employee enrolled in an advanced nursing degree. | <input type="checkbox"/> I am a volunteer at LMH Health |
| <input type="checkbox"/> I am a nursing student at Baker University, Washburn University, or Emporia State University. | |

By signing, I agree that all information provided is accurate to the best of my knowledge.

Signature _____ Date _____

Personal Summary

Please respond to each of these questions in a separate document or on an additional sheet of paper (limit 100 words):

1. What is your career interest and why?
2. Explain your need for financial assistance.
3. What impact will this scholarship have on your career goals?

Please share, with details, how you handled an experience similar to one of the situations below in a separate document or on an additional sheet of paper (limit 250 words):

- Collaborated with others to complete a project or resolve a situation in a manner that was more successful than working solo/on your own [We excel together].
- Listened openly and with curiosity to understand someone's position or feelings, and to ensure he/she felt safe in sharing their position or feelings, even if you didn't agree with that position or feelings [We show respect & build trust].
- Maintained accountability for a mistake or error so that you could learn and improve from a situation [We exude excellence].
- Celebrated a situation, achievement or success, on your own or within a team that made you feel proud of your work [We show appreciation].
- Realized that your action or decision, either positively or negatively, impacted someone else [We serve].

Letter of Recommendation

Give these instructions to the supervisor, manager or director of your choice (employee) or mentor/teacher (if not an employee) writing your letter of recommendation. Attach the signed letter to the PDF file or completed packet before you submit your application.

Name of applicant: _____

Date of employment (LMH Health employees only): _____

Attached letter must include:

- Name of applicant
- At least one example of how the applicant displays our cultural values (below)
- Supervisor/mentor/teacher signature and title

LMH Health Cultural Values 2026

People First

- I/We ensure high-quality, safe patient care.
- I/We value and respect every person.
- I/We greet and acknowledge everyone in a friendly way.

Integrity Matters

- I/We tell the truth.
- I/We take accountability for our actions.
- I/We are trustworthy and reliable.

Better Together

- I/We create and build an inclusive culture.
- I/We acknowledge the impact our decisions have on others.
- I/We feel safe to share our ideas, questions concerns or mistakes.

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