

2024 TORCH Foundation – Lindsey Horton Memorial Scholarship Application

About the Lindsey Horton Memorial Scholarship

Lindsey Horton was a Registered Nurse at Permian Regional Medical Center and was a resident of Andrews, Texas. Upon Lindsey’s tragic death while at work, there was a tremendous outpouring of love and kindness from residents and businesses from Andrews County and from across Texas. In her honor and to help address the medical professional shortage, the Lindsey Horton Memorial Scholarship Fund was created to provide scholarships to students residing in the Permian Basin counties who seek degrees in the medical field.

To help extend this vision statewide, the TORCH Foundation, a nonprofit affiliate of the Texas Organization of Rural & Community Hospitals (TORCH), is proud to partner with the Lindsey Horton Memorial Scholarship Fund, to provide college scholarships to rural Texas residents/students beyond the Permian Basin region.

Applicant Eligibility

- (1) Eligible Applicants must be current Texas residents/students living in a Texas rural county with fewer than 68,750 in population;
- (2) Has been accepted to or is currently enrolled in a technical school, college, or university in Texas; and
- (3) Seeking a degree in the medical field.

Note: Applicants living in Andrews County, Dawson County, Pecos County and Upton County are not eligible for this scholarship and are encouraged to consider applying for the Lindsey Horton Memorial Scholarship Fund created specifically for residents in those counties. For more info on the LHM scholarships, contact Jim Horton at jimh70@yahoo.com.

Award Amount

Up to ten \$5,000 scholarships will be awarded, which may be applied to the 2024-2025 academic year.

Application Deadline

Completed application, including all required documents, must be received TORCH Foundation by 5:00 PM August 9, 2024.

Timeline

Scholarship Application Release	06/28/2024
Scholarship Application Deadline	08/09/2024
Announcement of Selected 2024 Scholarship Award Recipient(s)	09/06/2024

Questions

Please direct all questions in writing to scholarships@torchnet.org or gngo@torchnet.org.

Mail Application to:

TORCH Foundation – Lindsey Horton Memorial Scholarship
ATTN: Scholarship Committee
3309 Forest Creek Drive, Suite 305
Round Rock, TX 78664

Or submit electronically to: scholarships@torchnet.org

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APPLICATION INSTRUCTIONS

1. Complete the application and submit all required documentation. Incomplete information may result in disqualification/elimination. Use the Application Check List provided to ensure completeness. Keep a copy of your completed application.
2. Print or type your name and school at the top of each page.
3. Print or type information on Pages 2-4 (I. Personal Information, II. Scholastic Information, and III. Employment Information). Do not substitute forms. Minimal additional supplemental information may be accepted.
4. Print or type an essay and include it with your application as directed on page 5. The essay must be Applicant's original thoughts, in his/her own words, and written by the Applicant.
5. Include a Letter of Recommendation from someone who can attest to your character and qualities. Provide the recommendation instructions as described on page 5 to this person. Recommendations must be printed or typed and included with your application submission.
6. Attach proof of school enrollment and a copy of your current transcript.
7. Successful Applicants will be recognized at the **2024 TORCH Fall Conference on September 25th at the Kalahari Resort in Round Rock, TX (3001 Kalahari Blvd, Round Rock, TX 78665).**
8. Completed application, including all required documentation, must be received by TORCH Foundation no later than **5:00 pm, August 9, 2024.**

Applicant's Name: _____ School: _____

I. PERSONAL INFORMATION

Full Name _____ Date _____

Address _____
Street

City _____ State _____ ZIP _____

Social Security Number _____ Date of Birth _____

Telephone # _____ Cell Home

E-mail address _____

Name the University, College or Technical School accepted to or in which you are currently enrolled

In the event we are unable to reach you when you are in school, please provide a name and contact information of someone who will be able to help us contact you:

Name _____ Relationship _____

Telephone # _____ e-mail address _____

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Applicant's Name: _____ School: _____

II. SCHOLASTIC INFORMATION

Year in College 1st year 2nd year 3rd year 4th year Current GPA _____

List and describe any notable scholastic recognition/achievements (You may attach a separate sheet, if necessary - one page maximum)

What is your current major and what medical degree are you seeking?

Describe your career goal(s) and explain why you are interested in pursuing a career in healthcare with this degree.

List and describe major curricular or extra-curricular activities, volunteer activities, and/or community service involvement. Indicate if required or not, list # of required hours and # hours completed (You may attach a separate sheet, if necessary – one page maximum)

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Applicant's Name: _____ School: _____

III. EMPLOYMENT HISTORY

Provide a brief summary of your employment history (jobs, your position/role/title, employer, duration in each job. Include current employment, if applicable.

APPLICANT CERTIFICATION AND SIGNATURE

Lack or incomplete information may result in disqualification/elimination from the TORCH Foundation – Lindsey Horton Memorial Scholarship consideration.

By signing below, I certify that the information provided in this application is true, complete and accurate to the best of my knowledge, and that if selected for the scholarship award, agree to comply with all program requirements. Awardees are required to submit proof of completion of academic semester in good standing.

Full Name of Applicant (print): _____

Signature of Applicant: _____ **Date:** _____

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APPLICANT ESSAY (required)

The individuals who have made this scholarship possible have carefully designed the scholarship program to express their gratitude to the Lindsey Horton Family and to promote the aims of the Lindsey Horton Memorial Scholarship Fund. Candidates for these scholarships are selected based on:

- Character,
- Leadership quality,
- Scholastic achievement,
- Work ethics, and
- Breadth and depth of community service.

The Scholarship Selection Committee of the TORCH Foundation – Lindsey Horton Memorial Fund has been entrusted with the task of deciding which candidates will be awarded a scholarship. The Committee’s decision will be final.

Required Applicant Essay Information (2-page maximum)

Please attach your application essay. The Applicant Essay must include the following information:

- At the top of your essay, include: (a) Applicant’s full name, (b) Name of Technical School, College or University in which Applicant is enrolled, and (c) Name of degree program Applicant is pursuing
- Please tell us about yourself. Include any information you think will assist the Committee in its consideration of you. For example, tell us in detail about
 - You and your family;
 - Your qualities, skills, talents, interests, etc.;
 - Your scholastic achievement(s) and goal(s);
 - Your extracurricular activities, volunteer activities, community service involvement; and
 - Your aspiration in life and your career goals.
- What inspires or compels you to pursue a medical degree and a career in healthcare? If you have an interest in rural healthcare and/or in practicing/working in a rural area, please share your reason.
- Why should the Scholarship Selection Committee consider you as a scholarship recipient?

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Provide this page of instructions to the person you are asking to submit a letter of recommendation for your application.

LETTER OF RECOMMENDATION (required)

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Letter of Recommendation (2-page maximum)

Please include the following information in your Letter of Recommendation for the Applicant:

- General information:
 - Your full name and title/role
 - Your contact information (phone and email)
 - Organization you represent or with which you are affiliated
 - Name of Applicant for whom you are writing the Letter of Recommendation
 - Relationship or capacity in which you know the Applicant

- Please describe and attest to the following:
 - Applicant’s character, his/her unique qualities, leadership skills, talent, work ethics, etc., and his/her ability for completing the current academic studies/degree program;
 - Applicant’s scholastic achievements, aspirations/goals
 - Applicant’s curricular/extracurricular activities in school that demonstrate engagement and service; and
 - Why do you recommend the Applicant to receive this scholarship?

- Sign and date your Letter of Recommendation

Completed application, including this Letter of Recommendation, must be received by TORCH Foundation no later than **5:00 pm, August 9, 2024.**, so please complete your Letter of Recommendation for the Applicant timely for submission.

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APPLICATION COMPLETION CHECKLIST

This application checklist is provided for your use to ensure your application is completed. You do not need to submit this checklist as part of your application.

- Your full name and name of the school in which you are currently enrolled is typed or written legibly on the top of every page
- Application information – pages 2 -4 (I. Personal Information, II. Scholastic Information, and III. Employment History) is complete
- Application is signed and dated on Applicant Certification and Signature
- Your Applicant Essay (2-page maximum) is included
- Letter of Recommendation (2-page maximum) is included
- Proof of School Enrolment and a copy of your transcript is included