

# Darcy Lynn Dengel Foundation, Inc.

## Nursing Scholarship

To honor Darcy Lynn Dengel, Mercy Flight Nurse, who gave her life in service, February 6, 2007, the Darcy Lynn Dengel Foundation, Inc. Nursing Scholarship, has been established to assist students pursuing a BSN or Masters degree in nursing who have graduated from an accredited high school in the state of Montana.

Darcy was an excellent nurse and she was an honest, loving, giving daughter, sister, fiancé, and friend. Darcy's mission in life was people: To be with people, to give of herself for the benefit of others. Not only to heal people in the ways of a caring, skilled and competent nurse but to heal people's spirits and their souls; and to love them without question without expecting anything in return.

This scholarship, currently \$2,000.00 per year and administered by the Darcy Lynn Dengel Foundation, Inc., is to be applied to books and tuition only. The maximum lifetime award for undergraduates is \$7,000.00. The maximum for graduate students is \$4,000.00. The amount and number awarded for this scholarship is subject to change, although currently we strive to award ten (10) new scholarships each year. Scholarship funding is renewable, although not automatic. All applications, initial and renewable must be completed and submitted along with grade documentation **by June 15th, 2027** for the following fall quarter or semester. Disbursements will be made in August and November.

If you are selected to receive a scholarship, the Foundation reserves the right to publish your name in newspapers and foundation newsletters.

### **Scholarship Overview**

The Darcy Lynn Dengel Foundation, Inc. provides scholarship opportunities for college students with the desire to advance in their nursing education. These scholarships are designed for college Sophomores in good standing on a BSN track as well as Juniors and Seniors who are pursuing a BSN degree or BSN graduates who are pursuing a Masters or Doctorate degree in nursing. Awardees are chosen based on eligibility requirements through a Scholarship Selection Committee.

The Darcy Lynn Dengel Foundation, Inc. does not discriminate on the basis of race, color, national or ethnic origin, gender, political affiliation, age, sexual orientation, religion, creed or marital status.

### **Criteria**

- Applicants must have graduated from an accredited Montana High School.
- Sophomore applicants must be in good standing and on an accredited BSN track.
- Junior and Senior applicants must be enrolled in an accredited BSN Nursing Program and show proof of acceptance into the upper division program.
- Graduate students must show proof of acceptance into the Masters or Doctoral Program.
- Applicants must be in good academic standing with a Grade Point Average (GPA) of 2.75 or higher, if study occurred within the last five (5) years.
- Applicants must maintain a 2.75 Grade Point Average.
- Applicants must take a minimum of nine (9) credits per semester.
- Applicants must submit completed application form with required documentation.

### **General Information and Application Process**

The Darcy Lynn Dengel Foundation, Inc. determines availability of scholarship(s). Applications are available through The Darcy Lynn Dengel Foundation, Inc., 104 NE Washington, Lewistown, Montana 59457. Direct all questions regarding the application process to Rich or Donna Dengel at 406-535-3717.

#### **Applicants must submit the following criteria:**

- Completed application form by designated deadline.
- A copy of your Montana High School diploma or High School transcript.
- Sophomores must submit proof of an accredited BSN track in nursing.
- Juniors and Seniors must furnish a copy of the letter of acceptance into the upper division of an accredited College of Nursing.
- Graduate students must furnish a copy of the letter of acceptance into the Masters or Doctoral Program of an accredited College of Nursing.
- Copy of transcripts reflecting a GPA of 2.75 or higher if study occurred within the last five (5) years.
- Three letters of recommendation, at least one from your current supervisor or instructor.
- A written explanation stating how you will improve healthcare in your community in the future and how you have demonstrated this in the past and present.
- A written explanation of how being a recipient of this scholarship would enhance your goal of becoming a nurse.

***Omission of any of the above information may eliminate your application from consideration. All requested materials must be submitted with the application.***

The Foundation Scholarship Committee will review applications.

**Please mail application to:**

**The Darcy Lynn Dengel Foundation, Inc.,  
104 NE Washington  
Lewistown, Montana 59457**

Or deliver to: 104 NE Washington, Lewistown, Montana

**APPLICATION DEADLINE IS:**

**June 15<sup>th</sup>, 2027**

**Darcy Lynn Dengel Foundation, Inc.**  
**Nursing Scholarship**  
**Application**

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Student I.D. Number \_\_\_\_\_ Have you been convicted of a felony? \_\_yes \_\_no  
If yes, explain \_\_\_\_\_

From what accredited High School did you graduate? \_\_\_\_\_

Have you applied for a scholarship with us previously? \_\_yes \_\_no

If yes, was it under another name(s) and if so what name(s) was it? \_\_\_\_\_

What is the name of the educational facility you have been accepted to attend? \_\_\_\_\_

\_\_\_\_\_  
Name of program/degree \_\_\_\_\_

Date program begins \_\_\_\_\_ Will you be a full-time or part-time student? \_\_\_\_\_

How many credits are you taking? \_\_\_\_\_ Anticipated date of graduation? \_\_\_\_\_

Anticipated cost of tuition and book fees per semester? \_\_\_\_\_

Have you been notified of any assistance or other scholarships that you will receive for your education program? \_\_yes \_\_no If yes, describe source, amount and duration. \_\_\_\_\_

\_\_\_\_\_  
If you have volunteer experience please attach a sheet giving the name of your supervisor and explain where and for how long you were involved.

Are you currently employed? \_\_\_\_\_ Hours per week \_\_\_\_\_ Employer \_\_\_\_\_