



Carla G. Baumann Public Health/Nursing Scholarship

Application Cover Form

Applications must be received by 5:00 PM, May 31, 2026.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

College/University Currently Attending: _____

Course of Study: _____

Hours Completed: _____

Note: The CGB Nursing Scholarship is exclusive to Eastern Kentucky University (EKU) and Berea College (BC) public health or nursing program undergraduate programs. Eligible applicants are not required to attend EKU or BC for graduate studies and other educational institutions will be accepted.

Undergraduate degrees completed and any certifications obtained:

Institution	Degree or certificate	Date Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Please send cover page, essay, two (2) letters of support, and an OFFICIAL COPY of current program transcript by mail or email to:

Madison County Health Department
Director of Nursing
ATTN: CGB Scholarship
P.O. Box 1208
Richmond, KY 40476-1208
mchd@madisoncohd.com