



APPLICATION PACKET SENT TO ALL CANDIDATES

York Fellows

Thank you for expressing an interest in the Legacy Health Endowment Jonnie York Accelerated Nursing Scholarship program (York Fellows). We are thrilled you are interested in becoming a York Fellow, and we cannot wait for you to finish.

Jonnie York, RN, was one of the original LHE board members. A trained RN, she worked for Stanislaus County for many years. The York Fellows program aims to assist students who enter an accredited Accelerated Nursing Program (ANP) (this means that they have already obtained their bachelor's degree and are returning to enter the ANP) with a stipend of up to \$60,000 (books, tuition, equipment, etc.).

Attached is the application packet that details what must be submitted for consideration. Please provide a complete packet to avoid delays. Most importantly, we need proof that you have graduated from college and have been accepted into an accelerated nursing program in the United States.

Congratulations on being accepted into an Accelerated Nursing Program; it is a tremendous honor!

If you have any questions, please do not hesitate to reach out to me via email.

With warm regards,

Jeffrey Lewis

President and Chief Executive Officer
jeffrey@legacyhealthendowment.org

Jonnie York Nursing Fellowship

APPLICATION PACKET COVER SHEET

Application information

Full name:			Date:	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Address:			Phone:	
	<i>Street address</i>		<i>Apt./Unit #</i>	
	<i>City</i>	<i>State</i>	<i>Zip Code</i>	Email:

Do you agree to work in the LHE service area upon graduation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you authorized to attend school and work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you currently attending a university?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, where? _____
Have you been accepted into a graduate-level program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, which degree? _____

Legacy Health Endowment Jonnie York Nursing Fellowship Agreement

Applicant's Verification and Release:

I verify that this application packet is complete and that no areas have been omitted. I understand that if a question still needs to be completed or a document is not submitted, the application packet will be returned to me and processed once completed. At this moment, I release all persons, corporations, or other organizations furnishing information from liability. I know that any medical education assistance funds are conditional, depending on the verification results of all submitted documents. It is understood and agreed that any misrepresentation, to the best of my knowledge and belief, in this application packet or submitted documents will be sufficient cause for cancellation of the application. I grant Legacy Health Endowment permission to contact anyone referenced in this application should the foundation have additional questions.

Applicant's signature _____ Date _____

York Fellowship Application Guidelines

Legacy Health Endowment (LHE) has launched an accelerated nursing education initiative to help educate the future medical workforce. The initiative's first phase covers the costs for those accepted into an Accelerated Nursing Program. York fellows can qualify for up to \$60,000 LHE (tuition, course-related fees, and books). In exchange, applicants agree to practice as a licensed nurse for two years in any of the following zip codes in the California Central Valley. These are the Greater LHE Community zip codes:

95301 – Atwater, Buhach	95303 – Ballico	95307 – Ceres
95313 – Crows Landing	95315 – Delhi	95316 – Denair, Montpelier
95322 – Gustine, Santa Nella	95324 – Hilmar, Irwin	95326 – Hughson
95328 – Keyes	95334 – Livingston, Arena	95360- Newman, Hills Ferry
95363 – Patterson, Diablo Grande, Grayson, Westley	95374 – Stevinson	95380-95381-95382 – Turlock, Cortez
95358 – West Modesto, Bret Harte, Riverpark	95388 – Winton, Cressey	

The Jonnie York Fellowship for Nursing Education Assistance must be submitted to:

Jeffrey Lewis
2881 Geer Road, Suite A – Turlock, CA 95382
Or by email to jeffrey@legacyhealthendowment.org.
Subject: Nursing Fellowship Application

APPLICATIONS MUST BE RECEIVED BY: FRIDAY, MARCH 31, 2026

Fellowship Application Requirements:

- The cover sheet includes your legal name, address, phone number, and email address. This must include the applicant's signed and dated verification and release form within the application window.
- Proof of valid photo ID
- Proof of enrollment or graduation from a college or university (certified transcripts).
- Verification of acceptance to a U.S.-based graduate program.
- Three reference letters: one each for personal, professional, and academic.
- Your personal statement. This is a 1-2 page single-spaced letter to the LHE Accelerated Nursing Assistance Committee, sharing why you are applying, your background, why you would still pursue the degree without support from LHE, and why you have an interest in practicing nursing within one or more of the zip codes in the Greater LHE Community.
- Please indicate if you have attended graduate school, received a graduate degree, or taken graduate courses, etc. This is not a requirement but allows the Committee to know and understand the breadth of your interests.