



The Barbara Rhomberg Excellence in Nursing Scholarship, sponsored by B4 Brands, is awarded to one, non-traditional, fulltime student pursuing undergraduate degrees in nursing. The scholarship winner receives a non-renewable scholarship of \$1,000 payable directly to the institution in which they are enrolled for their Fall 2025 Semester.

Undergraduate nursing programs are those offering an associate or bachelor's degree in nursing. Non-traditional students are those students who postponed the pursuit of a college degree after high school, or had their college careers interrupted, and instead entered the workforce, or military or fulfilled a family or non-profit obligation.

ABOUT BARBARA RHOMBERG

The Barbara Rhomberg Excellence in Nursing Scholarship, sponsored by B4 Brands, was founded in 2013 in loving memory of Barbara Rhomberg. Barbara was raised in rural Iowa and graduated from high school in 1954. After high school, she attended the College of St. Teresa in Winona, Minnesota to pursue her dream of becoming a nurse. Barbara's college education was delayed after her sophomore year, when she fell in love, married and devoted her full attention to her expected family, church and community.

After raising eight children and spending over twenty-five years in the home, Barbara sought to complete her nursing education and begin her career. She went back to school and earned her nursing degree in 1981. As a Registered Nurse, Barbara worked at the local hospital and medical clinic in Elkader, Iowa. She was well known for her skillful nursing, extraordinary compassion, loving smile, and generosity with her time and talents to the whole community.

Barbara Rhomberg was diagnosed with gallbladder cancer in 1994 and passed away in 1995 at the age of fifty-nine. Although her time on earth was short, she positively impacted many, many lives.



Follow us on Facebook for updates!

ELIGIBILITY

To be eligible for this scholarship, applicants must meet the following criteria:

- Enrolled in a fulltime undergraduate nursing program working toward an associate or bachelor's degree
- Non-traditional student, defined as a student that did not immediately continue their education after high school (at least a 3-year gap between high school and enrollment in a college or university)

Note: Past winners and applicants of this scholarship are eligible to re-apply in future years.

APPLICATION DEADLINE AND TIMELINE

Applications are not accepted prior to April 1, 2025. All applications must be postmarked by April 30, 2025. Scholarship awards will be announced around May 10, 2025.

CONTACT INFORMATION

B4 Brands

Attention: Barbara Rhomberg Excellence in Nursing
Scholarship
PO Box 182, 1001 North Washington Street
Lisbon, Iowa 52253

Phone: 888-667-6066

<https://www.b4brands.com/>



Follow us on Facebook for updates!

APPLICATION CHECK-LIST

☐ Complete Application Form

☐ Typed Essay

☐ Two Letters of Recommendation

☐ Enrollment Verification Form (Can be returned with the above or separately. Must be received by the above deadline.)

☐ Please send **everything together** via mail or email to:

Return by E-Mail or Mail:

accounting@b4brands.com

B4 Brands

Attention: Barbara Rhomberg Scholarship

PO Box 182, 1001 North Washington Street

Lisbon, Iowa 52253



Follow us on Facebook for updates!



APPLICATION

SECTION 1 – PERSONAL INFORMATION

Applicant Name (First, Middle, Last):

Date of Birth: Month: _____ Day: _____ Year: _____

Permanent Mailing Address:

City: _____ State: _____ Zip: _____

Email address: _____ Phone: _____

SECTION 2 – CURRENT EDUCATION

College or University Currently Enrolled:

School Address:

City: _____ State: _____ Zip: _____

Date of Enrollment: _____ Expected Graduation: _____

Degree Sought: _____ Are you a fulltime student?: ☐ Yes ☐ No



Follow us on Facebook for updates!

If you are selected for this scholarship, the funds will be sent directly to your school. Please provide the information below for the college or university that you are currently enrolled.

Contact Name (Advisor, Financial Aid Officer, Etc.):

School Phone: _____

School Address:

City: _____ State: _____ Zip _____

Contact Phone #: _____ Email Address: _____

SECTION 3 –PRIOR EDUCATION

1. High School Name:

City and State: _____ Year began: _____ Year ended: _____

2. College/University Name:

City and State: _____ Year began: _____ Year ended: _____

3. College/University Name:

City and State: _____ Year began: _____ Year ended: _____



Follow us on Facebook for updates!

SECTION 4 –LETTERS OF RECOMMENDATION

Applicant must submit two brief letters of recommendation describing the work ethic, compassion, and pursuit of excellence of the applicant. Letters of recommendation should be sealed in an envelope after completion.

- If applicant is currently employed, at least one letter of recommendation must be completed by a manager or supervisor.
- Letters of recommendation may be completed by individuals the applicant is currently associated with through work, school, or community activities.
- Letters of recommendation should not be completed by friends or family members of the applicant.

SECTION 6 –APPLICATION STATEMENT

All of the information on this scholarship application is true and complete to the best of my knowledge. I understand that the information provided will be used to determine scholarship eligibility and award. I agree to provide requested documentation verifying any information on this application.

Signature of scholarship applicant: _____ Date: _____

SECTION 7 –ESSAY

Prepare an essay of up to 500 words describing the following:

- Your passion for becoming a nurse,
- Your non-traditional path and motivation to pursue a nursing education,
- Your future plans and goals, and
- In what ways do you embody Barbara Rhomberg’s spirit of service to others and commitment to excellence.

Essays must be typed and included with the completed application.



Follow us on Facebook for updates!

ENROLLMENT VERIFICATION FORM

(Due by April 30, 2025)

To be completed by the Applicant

Applicant Name (First, Middle, Last): _____

Date of Birth: Month: _____ Day: _____ Year: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Phone: _____

Authorization Statement:

I authorize the educational institution named below to release information related to my enrollment to the selection committee for the Barbara Rhomberg Excellence in Nursing Scholarship and B4 Brands.

Signature of Applicant: _____ Date: _____

To be completed by an authorized representative of the current educational institution.

Name of Institution: _____

Is the above named student currently enrolled in a fulltime nursing program?: ☐ Yes ☐ No

Date of Enrollment: _____ Expected Graduation: _____

Degree Sought: _____

Name: _____ Title: _____

Signature: _____ Phone Number: _____

Return by E-Mail or Mail:

accounting@b4brands.com

B4 Brands

Attention: Barbara Rhomberg Scholarship
PO Box 182, 1001 North Washington Street
Lisbon, Iowa 52253



Follow us on Facebook for updates!



Follow us on Facebook for updates!