

Thomas Health / The Foundation for Thomas Health Nursing Scholarship Program

Goals: To increase the number of practicing bedside nurses at Thomas Health by

- Providing scholarships to up to 10 students annually who are in entry level collegiate nursing programs.
- College loan repayment of \$5000 for new graduate nurses who did not receive scholarship funds from THS

Award: \$2500/semester with a maximum of \$5000/academic year.

Up to 4 semesters for those students in Associate Degree Programs

Up to 6 semesters for students in Baccalaureate Nursing programs.

Payment directly to the student

The Student/New graduate will commit to 1 year of service for each \$2500 received.

Criteria for consideration:

- High School or College students who are accepted to an accredited school of nursing program
- 3.0 GPA or higher in the most recent high school or college transcript with a minimum of 2.0 in any nursing course.
- Must attend full time
- Priority will be given to any student who attended the Thomas Health Junior or Senior Nursing Academies, or who participated in the THS VolunTeen program.
- Completion of Portfolio (described below)
- Only candidates who meet eligibility requirements and submit required criteria as requested will be considered. Failure to comply with any required portion of the application or portfolio will result in forfeiture of consideration.

Portfolio Documents

Submitted in a 1", 3 ring binder. Cover page should include applicant's name, year and Thomas Health Nursing Scholarship

1. Scholarship Application
2. Essay -- Typed using 12 point Times New Roman font, double spaced and 1 – 2 pages

Use the following topics as guidelines for inclusion in the essay.

- How the scholarship will assist in obtaining educational/career goal.
- Factors that influenced the applicant to choose a Nursing Career

- Personal qualifications which will assist in completing educational goal.
 - Character attributes
3. Transcripts/Grades
- If you are a High School Graduate/Senior: High school transcript/report card with 3.0 or higher GPA for most recent semester and cumulative GPA of at least 3.0. Document must be signed by school counselor or principal. Document must be enclosed in envelope with school seal clearly identified on the outside and school counselor or principle signature on the back of the envelope seal.
 - If you are a College student who does not have grades from the most recent semester, you must submit an official transcript in sealed school envelope
 - If you are a College student currently taking courses, you may submit grades from the current semester. Document may be downloaded from website, however must include student's name (not handwritten), college, current GPA and cumulative GPA.
4. Letters of Recommendation (2) In separate sealed envelopes, with the signature of the person completing the recommendation on the envelope closure. Contact information and information regarding relationship to the applicant should be included in the letter. All letters should be completed by someone other than a family member, and may include clergy, teacher, counselor, or employer.
5. **References (3)** (Print from website and authorize through signature (3) consent forms for references to be completed by teacher/counselor, previous/current employer or community service representative). Submit in separate envelopes securely attached to the tab divider for this section. Each envelope must have the signature of the person completing the form on the envelope closure. *References will not be released.*
- Interviews: Potential recipients will be interviewed by a committee appointed by Thomas Health and The Foundation for Thomas Health.

Submit Portfolio to:

Thomas Health Nursing Scholarship Program
Thomas Memorial Hospital
Nursing Administration
4605 MacCorkle Ave., SW
South Charleston, WV 25309

Scholarship renewal:

This Scholarship is renewable, and number of renewals is based upon the type of Nursing program, ADN (4 semester awards) vs. BSN (6 semester awards). To be considered for renewal, a recipient must submit progress reports following each grading period. The following are required for reconsideration:

- Retention of an academic overall GPA of 2.5 on a 4.0 scale.
- Submission of current transcripts
- Letter of recommendation from faculty advisor from the college/university.
- Thank you note to scholarship source

Student may be required to provide a formal presentation on progress to the funding source.

Terms of Employment Service Agreement:

The Thomas Health/Foundation for Thomas Health Nursing Scholarship requires that recipients enter into an Employment Service Agreement with Thomas Health agreeing to work 1 year for each \$2500 awarded. For example, \$5000 would result in a 2 year commitment

- Employment will be offered based on positions available at the time of the student's graduation. If there are no positions available, or if the Hospital is unable to offer a position, the obligation to Thomas Health will be considered satisfied. The money awarded would not have to be repaid.
- Scholarship recipients who do not fulfill their commitment to be employed, or do not complete their academic program are required to repay scholarship funds. Monies will be due in full within three months of graduation, or withdrawal from the nursing program.
- Failure to fulfill the Employment Service Agreement obligates the recipient to repay the balance of scholarship funds on a prorated basis, based on the length of employment with Thomas Health, if any.
- If the Employment Service Agreement is not signed, the scholarship will not be awarded.
- Existing HR policies will be in effect with regard to transfers and reassignments.

**Thomas Health / The Foundation for Thomas Health Nursing Scholarship
APPLICATION**

2017-18 Academic Year

The following must be completed by the Applicant. Please type or print information.

Application Deadline is April 30 each year for Fall Semester; November 30 each year for Spring Semester

Applicant's Name _____

(Last Name)

(First)

(Middle Initial)

Address _____

City _____ **State** _____ **Zip Code** _____

E-mail _____ **Telephone (_____)** _____

High School Attended _____

City _____ **State** _____

College Attending _____

City _____ **State** _____

Date Begun _____ **Full Time student?** ____ **Yes** ____ **No**

Type of Nursing Program enrolled in: **ADN** ____ **BSN** ____

(other nursing degrees are not eligible for consideration)

Expected date of degree completion _____

Describe your work experience (if any) beginning with the most recent. Indicate dates of employment (attach additional sheet(s) if necessary).

Company	Position	Date From	Date To	Supervisor

List all collegiate activities (if any) in which you have participated. Include any special awards, honors and offices held (attach additional sheets if necessary).

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List all community activities (if any) in which you have participated during the past 4 years. Include any special awards, honors and offices held (attach additional sheets if necessary).

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List any special skills or interests that you have. Include any special awards or honors you've received (attach additional sheets if necessary).

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The Thomas Health/The Foundation for Thomas Health Nursing Scholarship requires that recipients enter into an Employment Service Agreement with Thomas Health agreeing to secure employment with Thomas Health. Repayment of scholarship monies will be expected if the terms of the Employment Service Agreement are not fulfilled.

The undersigned hereby acknowledges that the information provided in this application, including any enclosed documents, is true and correct to the best of their knowledge.

Applicant Signature

Date

**Thomas Health/The Foundation for Thomas Health Nursing Scholarship Program
CONFIDENTIAL RECOMMENDATION
2017-18 Academic Year**

Applicant's Name _____
(Last Name) (First) (Middle Initial)

To the Applicant: Please print your name above and sign the statement below. The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to education records concerning them. Students are permitted to waive their right of access to recommendations. A waiver of their right of access may permit recommenders to submit a more candid evaluation. The following signed statement indicates the wish of the applicant with respect to this recommender's recommendation.

*I waive my right of access to the following recommendation.
I do not waive my right of access to the following recommendation. I understand that under the law my waiver provides
that I only have access to this recommendation.*

Signature _____
Date

To the Recommender: The person whose name appears above is applying for a scholarship with the purpose of encouraging scholarship recipients to pursue studies in select health care disciplines. The applicant has requested that your evaluation be included as part of the information upon which the selection decision will be based. We value your direct contact with the applicant and will appreciate your responses to the following questions as candidly and specifically as possible. Your responses will assist the Scholarship Committee in the evaluation of the applicant's qualifications for the receipt of a scholarship. We realize the amount of time and care necessary to complete a thoughtful recommendation and are grateful for your assistance. Our application procedure requires that the applicant gather all documents including recommendations and submit a complete set of materials with the application. This system allows the applicant to know the completed application has been submitted and facilitates our control over materials. Please enclose the completed recommendation in an envelope. Please seal the envelope, sign across the seal, and return it to the applicant so that it can be submitted with the application.

Name of Recommender (print or type) _____

Position or Title _____

Organization _____

Address _____

Telephone Number _____

Please rate the applicant in the following attributes, relative to others whom you have known in a similar capacity.

	Outstanding	Strong	Average	Fair	Poor	Not Observed
Integrity						
Motivation & Drive						
Leadership Potential						
Imagination & Creativity						
Self-Confidence						
Ability to Work w/Others						
Intellectual Ability						
Ability in Oral/Written Expression						

Please address the following items in a narrative form and include any other information that will help the Scholarship Committee make its decision:

- How long and in what connection have you known the applicant?

- What do you know of the applicant's future academic plans?

- What special qualities does the applicant possess which would contribute to success in the study of a health care discipline?

- What qualities should the applicant improve upon for success in the study and a subsequent career in a health care discipline?

Please check one:

- I *strongly recommend* this applicant for receipt of a Thomas Health/ Foundation for Thomas Health Scholarship.
- I *recommend* this applicant for receipt of a Thomas Health/ Foundation for Thomas Health Scholarship.
- I *recommend with reservation* this applicant for receipt of a Thomas Health/ Foundation for Thomas Health Scholarship.
- I *do not recommend* this applicant for receipt of a Thomas Health/ Foundation for Thomas Health Scholarship.

Signature _____ Date _____

