MEMORIAL HEALTHCARE FOUNDATION
PEGGY GULICK NURSING SCHOLARSHIP
APPLICATION PACKET

2018 - 19 AWARD YEAR

ENCLOSED:

General Policy
Scholarship Application
Essay Instructions
Confidential Recommendation Forms
Transcript Request Form

APPLICATIONS DUE: March 30, 2017

Memorial Healthcare Foundation
Peggy Gulick Nursing Scholarship
General Policy

Name of Scholarship Fund: The Peggy Gulick Nursing Scholarship.

Purpose:

The purpose of this scholarship award is to encourage deserving applicants to pursue studies in the field of nursing, to enter the registered nursing profession, and to encourage these individuals to seek employment at Memorial Healthcare upon graduation.

Scholarship funds are awarded for use by the recipient to pay tuition and books expenses and are to be paid directly to the educational institution.

Eligibility Criteria:

- Applicants must already be accepted into a nursing program before they may be considered for the scholarship.
- Applicants must be individuals interested in pursuing an ADN or BSN (other nursing degrees are not eligible for consideration) and must be able to enter into an Employment Service Agreement with Memorial Healthcare, agreeing to secure employment with Memorial Healthcare for a period of two (2) years. Once an employee of Memorial Healthcare, scholarship winners must maintain satisfactory attendance and job performance, as determined by Memorial Healthcare. (See Terms of Employment Service Agreement detail.)
- Applicant must provide a letter of reference from someone in their employment history as well as a reference letter from an instructor.

Selection Criteria:

Criteria used for selection of scholarship recipients include:

- Applicant must be a resident and/or high school graduate from the Memorial Healthcare service area, or the school districts within Shiawassee County, Ovid/Elsie or Chesaning.
- Academic performance: must have an overall GPA of 3.0 on a 4.0 scale for initial award as well as for renewal
- Special skills and interests that demonstrate good work habits, commitment to a project, or others that translate to becoming good nurses and employees.
- Performance on Aspirations and Goals Essay: including content, clarity of communication and presentation.
- Letters of recommendation supporting moral character and work performance. Applicant must provide a letter of reference from someone in their employment history as well as a reference letter from an instructor.
- Applicants should have previous health care experience.

The selection process for this scholarship is without regard to race, religion, gender, national origin or financial need.

Award Amounts:

The scholarship award will be determined in part by funds available. An initial award is $2,500 and renewals will be for “up to” $2,500, both dependent on funds deemed available by the Memorial Healthcare Foundation.

Renewal Criteria:

This Scholarship is renewable for one (1) year. To be considered for renewal, a Renewal Application must be submitted by the scholarship recipient along with a copy of current transcripts. Renewal depends primarily on:

- Retention of an academic overall GPA of 3.0 on a 4.0 scale.
- Letter of recommendation from an employer and someone involved in their recent academic nursing experience.

If the scholarship is renewed, before receipt of scholarship monies, the recipient will be required to sign a new employment commitment.

Terms of Employment Service Agreement:

The Gulick Nursing Scholarship requires that recipients enter into an Employment Service Agreement with Memorial Healthcare agreeing to secure employment with Memorial Healthcare for a period of two (2) years.

Approved employment may be full or part time, depending on the need of the Hospital. Temporary employment with Memorial Healthcare does not qualify. The terms are generally defined as:

- There will be a six-month grace period after the recipient’s graduation from the program that qualifies them for a nursing position before repayment terms will be initiated.
- If after six months, the recipient has not secured an available full or part time position at Memorial Healthcare, repayment of scholarship monies will be expected.
- If after six months, there are no full or part time nursing positions available at Memorial Healthcare, the loan will be forgiven provided that the recipient continues to actively pursue a position within Memorial Healthcare for a period of 18 months.
- Failure to fulfill the two year Employment Service Agreement obligates the recipient to repay the balance of scholarship funds on a prorated basis, based on the length of employment with Memorial Healthcare, if any.
- If the Employment Service Agreement is not signed, the scholarship, the scholarship will not be awarded.

Application Procedures:

Applications for the Peggy Gulick Nursing Scholarship can be obtained from the Memorial Healthcare Foundation Office or online at www.memorialhealthcare.org.

Memorial Healthcare Foundation
PEGGY GULICK NURSING SCHOLARSHIP
APPLICATION
2018 - 19 Academic Year

The following must be completed by the Applicant. Please type or print information.
Application Deadline is March 30, 2018

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).

____

____

____

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).

____

____

____

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

____

____

____

The Peggy Gulick Nursing Scholarship requires that recipients enter into an Employment Service Agreement with Memorial Healthcare agreeing to secure employment with Memorial Healthcare for a period of two (2) years. 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**

Memorial Healthcare Foundation
PEGGY GULICK NURSING SCHOLARSHIP
GOALS AND ASPIRATION ESSAY
2018 - 19 Academic Year

Please provide essay responses to the following questions. Address each question on a separate sheet of paper and limit each response to the length indicated. Head each page with your full name and a statement of the question being answered. Essays must be in a typed format. Essays will be judged upon thoroughness of response, clarity of thoughts and sincerity of purpose. Enclose your responses with your application materials.

A. Statement of Career Goals:
What personal and professional goals have you tentatively established for the next five years? What are your career aspirations? How will your nursing degree contribute to these goals and aspirations? (1 page in length)

B. Other Relevant Information:
What other information do you believe is important in an assessment of your application? (1 page in length)

Examples may include

- **any unusual family or personal circumstances that have affected your academic achievement**
- **work experience you have had**
- **your participation in school and community activities**
- **something of which you are especially proud**

Memorial Healthcare Foundation
PEGGY GULICK NURSING SCHOLARSHIP
CONFIDENTIAL RECOMMENDATION
2018 - 19 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 Memorial Healthcare Foundation Scholarship.

______ I *recommend* this applicant for receipt of a Memorial Healthcare Foundation Scholarship.

______ I *recommend with reservation* this applicant for receipt of a Memorial Healthcare Foundation Scholarship.

______ I *do not recommend* this applicant for receipt of a Memorial Healthcare Foundation Scholarship.

Signature ____ Date ________________________

Memorial Healthcare Foundation
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CONFIDENTIAL RECOMMENDATION
2018 - 19 Academic Year

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Signature ____ Date ________________________

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CONFIDENTIAL RECOMMENDATION
2018 - 19 Academic Year

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Signature ____ Date ________________________

Memorial Healthcare Foundation
PEGGY GUICK NURSING SCHOLARSHIP
TRANSCRIPT REQUEST
2018 - 19 Academic Year

To the Applicant: Print the information requested below and send this form to your College or University registrar.

Name____
(Last Name) (First) (Middle Initial)

Student Number ______________________________________

School____

Dates of Enrollment______________________ **Degree and Year**______________

I hereby request the release of an official transcript and comments on my academic record to the Memorial Healthcare Foundation Scholarship Committee.

______________________________________ **Date**________________
Signature

To the Registrar: The person named above is applying for a Memorial Healthcare Foundation Scholarship Award and we are asking your assistance in our effort to provide transcript control in the application process. Please complete this form and enclose it with an official copy of the applicant's academic transcript in an envelope. <u>Please seal the envelope, sign across the seal, and return it to the applicant so that it can be submitted with the application.</u> If this procedure is contrary to your policy, please send the transcript directly to the Memorial Healthcare Foundation Office, Scholarship Committee, 1637 W. Main Street, Owosso, MI 48867. Thank you for your cooperation.

______________________________________ **Date**________________
Signature and title of College or University official