

NURSING
ADVANCEMENT
SCHOLARSHIP
2018



CHI MERCY HEALTH NURSING ADVANCEMENT SCHOLARSHIPS

Criteria:

The purpose of these scholarships is to assist an individual who has been accepted or is in an established nursing program, in an effort by CHI Mercy Health to promote nursing careers that would be of benefit to the facility and the community served.

- These scholarships are intended for students seeking to complete a program for Registered Nurse.
- First consideration will be given to current CHI Mercy Health employees.
- The program must be North Dakota Board of Nursing approved.
- The members of the Nursing Advancement Scholarship Committee will evaluate the applications and determine the recipient of the scholarships.
- A current recipient may reapply each year to be considered for the scholarship, while actively pursuing a registered nursing degree.
- Applicant should be in good academic standing.
- Applicant will need to submit resume and transcripts of previous academic preparations.
- Will need to submit application and requested information no later than three months prior to start date of the program.
- Funding will be sent to the program/college once applicant's acceptance is established.
- If there are no applicants that are currently in a nursing program, and are CHI Mercy Health employee's, the next eligible applicants will be students in the community that are actively seeking a degree in a program for Registered Nurse.



NURSING ADVANCEMENT SCHOLARSHIP APPLICATION

Instructions for Completing the Nursing Advancement Scholarship Application (Please read carefully before completing this application.)

Instructions for completing this application:

1. Complete all parts of this application, print off a copy, and attach a copy of your transcripts and resume.
2. Return this application form and copies as indicated above to CHI Mercy Health Foundation Director, CHI Mercy Health, 570 Chautauqua Blvd., Valley City, ND 58072.
3. Return this application form and copy of transcripts by **April 9, 2018**.
4. Late or incomplete application will not be considered unless there are no other eligible applicants.

Rules and Disclaimers:

Forfeiture of the award will occur if:

1. Not admitted to the nursing major, if not already enrolled in a nursing program.
2. Not enrolled in nursing courses.
3. Not in good academic standing (receive a grade below a “C” in nursing course) if currently enrolled in a nursing program.
4. Failure to acknowledge acceptance of the award.

Scholarship money awarded annually.

Mail application to:

CHI Mercy Health
Nursing Advancement Scholarship
ATTN: Stephanie Mayfield, Foundation Director
570 Chautauqua Blvd.
Valley City, ND 58072

If you have any questions call or e-mail:

Stephanie Mayfield 1-701-845-6557
stephaniemayfield@catholichealth.net

NURSING ADVANCEMENT SCHOLARSHIP APPLICATION

Students Name	Last Name	First Name	Middle Name
Social Security Number			
Local Address	Street	City	State Zip Code
Local Telephone Number			
Hometown Address	Street	City	State Zip Code
High School Attended			
Year Graduated			
College	Street	City	State Zip Code
Level of Education Completed			
Credits Currently Completed			
Cumulative GPA			
Degree/Graduate Program			
Program Site			

Use additional pages if needed and attach to this form.

Financial Statement: Please provide a percentage of each of the following sources of financial support.

Self Support:	%
Support from family:	%
Support from loans:	%
Support from grants:	%
Support from other scholarships:	%
Other (please explain):	%

Total	100%
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- Did you receive a Federal Pell Grant? Yes No
- If yes, how much was awarded? \$ _____ Year Received :
- Did you receive a Federal Subsidized student loan? Yes No
- If yes, how much was received? \$ _____ Year Received :
- How much currently accumulated school debt? \$ _____
- Do you have special circumstances that impact your financial need? Yes No
- (e.g. child support, medicat, etc.) If yes, please explain.

Disclaimer: Financial aid information may be verified.

I attest, to the best of my knowledge, this application to be accurate and truthful.

Name

Date

Write a brief one paragraph summary of why you are uniquely qualified to receive a scholarship in 50 words or less.



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Foundation