

NURSING  
ADVANCEMENT  
SCHOLARSHIP



## 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 in nursing.
- The program must be approved by the North Dakota Board of Nursing.
- The members of the 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 nursing degree.
- Applicant must be in good academic standing.
- Applicant will need to submit resume and transcripts of previous academic preparations.
- Completed applications need to be completed no later and submitted no later than April 9.
- Funding will be sent to the program/college once applicant's acceptance is established.



## 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.
2. Return this application 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<sup>th</sup>**.
4. Late or incomplete application will not be considered.

#### Rules and Disclaimers:

Forfeiture of the scholarship will occur if:

1. Not admitted to an accredited program.
2. Recipient fails to acknowledge acceptance of the scholarship
3. Recipient does not begin course within one calendar year of receipt of scholarship.

Scholarship money awarded annually.

#### Mail application to:

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

**If you have any questions call:** Foundation Director 1-701-845-6557

## NURSING ADVANCEMENT SCHOLARSHIP APPLICATION

Students Name	Last Name	First Name	Middle Name
Address	Street	City	State Zip Code
Telephone Number			
High School Attended			
Graduation Date			
Current or Intended College	Street	City	State Zip Code
Level of Education Completed			
Cumulative GPA			
Degree Pursuing			
ACT/SAT scores			

Use additional pages if needed and attach to this form.

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

\_\_\_\_\_

**Name** **Date**

**1. Write a brief one essay that incorporates the following topics:**

The medical profession you wish to pursue and why.

While practicing your intended medical profession how would you incorporate the following values in your work: Reverence, Integrity, Compassion and Excellence?

The essay should be no longer than 1 page, double spaced and attached to the application.

**2. Activity Sheet:** Please list the activities and community service that you have been involved in for the past 2 years or anything you would consider relevant to this scholarship

**3. Statement of financial need if applicable**