MEMORIAL HEALTHCARE FOUNDATION PEGGY GULICK NURSING SCHOLARSHIP APPLICATION PACKET

ENCLOSED:

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

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 provide opportunities for education advancement in the field of nursing, and to enter the registered nursing profession.

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)
- Applicant must provide 2 letters of reference

Selection Criteria:

Criteria used for selection of scholarship recipients include:

- Applicant must be a high school graduate.
- 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.
- 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.

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

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

State Zip Code	Applicant's Name(Last Name)	(First)		(Middle Initial)
	.ddress				
State	Sity		State	Zip Code_	
ityState	-mail		Telephone ()	
State State State Full Time student? Yes Note the student of the program enrolled in: ADN BSN (other nursing degrees are not eligible for consideration) Expected date of degree completion esscribe your work experience (if any) beginning with the most recent. Indicate dates of employment (attach additional sheet(s) if necessary).	figh School Attended				
State	City		State		
Oate Begun Full Time student? Yes No alter the student in the student? Yes No alter the student in the student? Yes No alter the student? Yes	College Attending				
Cype of Nursing Program enrolled in: ADNBSN (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 mployment (attach additional sheet(s) if necessary).	City		State		
(other nursing degrees are not eligible for consideration) xpected date of degree completion escribe your work experience (if any) beginning with the most recent. Indicate dates of mployment (attach additional sheet(s) if necessary).	ate Begun		Full Time	student?	Yes No
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mployment (attach additional sheet(s) if necessary).	expected date of degree compl	etion			
Company Position Date From Date To Superviso	2		_	ost recent. I	ndicate dates of
	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 hav Include any special awards, honors and offices held (a	
List any special skills or interests that you have. Inclureceived (attach additional sheets if necessary).	ide any special awards or honors you've
The undersigned hereby acknowledges that the informincluding any enclosed documents, is true and correct	
Applicant Signature	Date

Memorial Healthcare Foundation PEGGY GULICK NURSING SCHOLARSHIP GOALS AND ASPIRATION ESSAY

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

(Last Name)	(First)	(Middle Initial)
To the Applicant: Please print your name above and act of 1974 and its amendments guarantee students a vaive their right of access to recommendations. A more candid evaluation. The following signed secommender's recommendation.	access to education records co waiver of their right of access	oncerning them. Students are permitted as may permit recommenders to submit
I waive my right of access to the following recomm I do not waive my right of access to the following that I only have access to this recommendation.		nd that under the law my waiver provide
Signature		
To the Recommender: The person whose name neouraging scholarship recipients to pursue studie our evaluation be included as part of the informative contact with the applicant and will appre	es in select health care disciption upon which the selection	plines. The applicant has requested the decision will be based. We value yo
ncouraging scholarship recipients to pursue studie our evaluation be included as part of the informativect contact with the applicant and will appresectifically as possible. Your responses will assualifications for the receipt of a scholarship. It is application procedure requires that the application procedure requires that the application. This een submitted and facilitates our control over mates the seal the envelope, sign across the seal, and application.	es in select health care disciption upon which the selection ciate your responses to the ist the Scholarship Commit We realize the amount of the assistance. ant gather all documents in a system allows the applicant rials. Please enclose the control of the cont	olines. The applicant has requested to decision will be based. We value you following questions as candidly a tee in the evaluation of the applicant ime and care necessary to complete cluding recommendations and submit to know the completed application in an envelon
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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 recei	pt of a Memorial Healthcare Foundation Scholarship.
I recommend with reservation this ap	oplicant for receipt of a Memorial Healthcare Foundation Scholarship.
I do not recommend this applicant fo	or receipt of a Memorial Healthcare Foundation Scholarship.
Signature	Date

Memorial Healthcare Foundation PEGGY GUICK NURSING SCHOLARSHIP TRANSCRIPT REQUEST

Clast Name (First) (Middle Initial)	To the Applicant: Print the information University registrar.	ation requested below and	send this form to your College or
School	Name		
Dates of Enrollment	(Last Name)	(First)	(Middle Initial)
Dates of Enrollment	Student Number		
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. Please seal the envelope, sign across the seal, and return it to the applicant so that it can be submitted with the application. If this procedure is contrary to your policy, please send the transcript directly to the Memorial Healthcare Foundation Office, Scholarship Committee, 826 W. King Street, Owosso, MI 48867. Thank you for your cooperation.	School		
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	Scholarship Award and we are asking application process. Please complete academic transcript in an envelope. I applicant so that it can be submitted please send the transcript directly	g your assistance in our efforthis form and enclose it will please seal the envelope, signification. If this to the Memorial Healthca	rt to provide transcript control in the th an official copy of the applicant's an across the seal, and return it to the procedure is contrary to your policy, are Foundation Office, Scholarship
	Signature and title of College or Univer		te