

**MEMORIAL HEALTHCARE FOUNDATION
PEGGY GULICK NURSING SCHOLARSHIP
APPLICATION PACKET**

ENCLOSED:

**General Policy
Scholarship Application
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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.

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 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**

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**

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
PEGGY GUICK NURSING SCHOLARSHIP
TRANSCRIPT REQUEST**

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.

Signature **Date** _____

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.

Signature and title of College or University official **Date** _____