

**Miami Valley Hospital**  
**Jerry R. Colp Nursing Scholarship**

**Application**

**History:** The Jerry R. Colp Nursing Scholarship Program was developed by Jerry Colp, a 45-year member of the Dayton Area Board of realtors. Mr. Colp is the major benefactor of the Jerry Colp Center for Nursing Excellence at Miami Valley Hospital. Through his generosity, he is impacting the practice of professional nursing and the healthcare needs of citizens of the greater Dayton community. With this scholarship, he is making it possible for a deserving individual to pursue the dream of becoming a professional nurse.

**Program Description:** The 2017 scholarship recipient will receive \$5000 for the 2017- 2018 school year. The number of scholarships and the scholarship amount awarded will be based on the income generated from the Jerry R Colp Nursing scholarship endowment. The maximum number of years of support for an individual will not exceed two years. The scholarship is open to nursing students who have been formally accepted into a nursing program, qualify for Federal Student Aid, and have two or less years until graduation.

**Eligibility Requirements**

- The applicant must qualify for Federal Student Aid.
- Undergraduate applicants must have been formally accepted into Wright State University's nursing program.
- Recipient must be a resident of any of the following Ohio counties: Montgomery, Greene, Warren, Miami, Preble, or Clark.
- Minimum GPA of 3.0
- The scholarship does not have a post completion work agreement.
- Scholarship monies will be utilized for tuition only and directed to the school's financial aid office. Monies awarded will not exceed tuition.

**Application Procedure**

The Scholarship will be advertised to employees through hospital publications and email, Wright State University's financial aid offices or baccalaureate programs, and the Wright State University College of Nursing. Applicants will complete an application and forward it to the selection committee. Applications will include:

- Two letters of recommendation; one of which must be from a faculty member
- An essay describing why the applicant wants to become a professional nurse (not to exceed one page)
- Official school transcripts
- Copy of a letter of formal acceptance into a nursing program
- Interview by the selection committee

Applications will be accepted from: [November 6- December 4, 2017](#)

**Miami Valley Hospital**  
**Jerry R. Colp Nursing Scholarship**  
**Application**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Permanent Address \_\_\_\_\_  
*If different from above*

Phone Number \_\_\_\_\_  
*If different from above*

Email Address \_\_\_\_\_

Social Security No. \_\_\_\_\_

MVH Employee Yes \_\_\_\_\_ No \_\_\_\_\_

Legal Dependent of an MVH employee Yes \_\_\_\_\_ No \_\_\_\_\_

Employee Name \_\_\_\_\_

Relationship \_\_\_\_\_

Graduation Date \_\_\_\_\_

Cumulative GPA \_\_\_\_\_

*Must attach or forward transcript*

Educational History (start with current school and list in reverse chronological order)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other activities or related information (extra-curricular activities)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please answer the following question on a separate paper. The short essay must be typed, double spaced, and not to exceed one page.**

Why are you interested in becoming a professional nurse?

Please, complete the essay question and return it with the application to:

Angela Wale  
Nursing Administration  
Miami Valley Hospital  
1 Wyoming Street  
Dayton, OH 45409

***Thank you for your interest in this program!***

**MIAMI VALLEY HOSPITAL  
PERSONNEL REFERENCE FORM  
Nursing Student Reference**

ATTN: \_\_\_\_\_  
Fax #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

- Applying for position:  **Scholarship: Minority Nursing Scholarship**  
 **Scholarship: Kyle Combs Scholarship**  
 **Scholarship: Pat Hastings Scholarship**  
 **Scholarship: Jerry Colp Scholarship**

The above-named individual has applied for a scholarship through Miami Valley Hospital. We would appreciate your candid assessment of this applicant's ability to function personally and professionally as a staff member. Any information you provide will be considered confidential. Thank you.

In what capacity, have you known the applicant? \_\_\_\_\_

**SUMMARY OF PERFORMANCE AS A STUDENT NURSE:**

SKILLS	Exceeds requirements: Good Judgment	Meets requirements: Satisfactory Judgment	Needs Improvement: Judgment not always sound	Not Applicable/Unable to assess
<b>Quality of Nursing Care</b> • Safety • Timeliness				
<b>Critical Thinking</b> • Applying scientific principles				
<b>Teaching Skills</b> • Verbal Skills • Advocacy				
<b>Leadership Skills</b> • Assertiveness versus aggression				
<b>Initiative</b> • Self-directed • Good Utilization of time				
<b>Flexibility</b> • Adjusts to changes in assignments				
<b>Reaction under pressure</b> • Speaking with interdisciplinary team members • Changes in patient's condition				
<b>Accountability</b> • Honesty • Dependability				
	Remarkable high level of concern and service	Conscientious, pleasant and interested	Needs improvement; sometimes indifferent	Consistently indifferent
Attitude towards Patients				
	Considerate, voluntarily helpful	Cooperative, helps only when asked	Inconsistently Cooperative	Inconsiderate, works poorly with others
Attitude towards co-students/faculty/staff				

**Recommendation:** \_\_\_\_\_ Highly recommend    \_\_\_\_\_ Recommend    \_\_\_\_\_ Do Not Recommend

**ATTENDANCE:**    \_\_\_\_\_ Rarely Absent or    \_\_\_\_\_ Frequently Absent or    \_\_\_\_\_ Habitually Absent or  
\_\_\_\_\_ Rarely Late    \_\_\_\_\_ Late with Good Cause    \_\_\_\_\_ Habitually Late

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**OTHER REMARKS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME AND TITLE:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**PLEASE RETURN TO:** \_\_\_\_\_