

Miami Valley Hospital
KYLE COMBS SCHOLARSHIP
2017

History: Kyle Combs worked as a Patient Care Technician in Miami Valley Hospital's Advanced Care Unit. He was an energetic, caring young man whose dream was to become a nurse. His plans were tragically cut short when he passed away in a car accident. In his memory, Kyle's parents established a clinical education endowment through the Miami Valley Hospital Foundation. The endowment was funded by an annual golf scramble in Kyle's memory. Kyle's dream of serving patients along with his colleagues lives on through the educational opportunities made possible by this scholarship.

Program Description: Scholarship recipient will receive \$1,800. The scholarship is open to a Patient Care Technician on the Advanced Care Unit pursuing a Nursing degree. Associate (ADN) or Baccalaureate (BSN).

Eligibility Requirements:

- Miami Valley Hospital employee.
- The Scholarship requires a post-completion work agreement for each year the scholarship is provided within the Advanced Care Unit. If the scholarship recipient fails to meet this agreement, all scholarship monies will be paid back by the recipient to MVH Foundation.
- Undergraduate applicants must have been formally accepted into a nursing program (If the four year nursing program accepts the student prior to completion of prerequisites the student must have 2 years or less remaining until graduation).
- Student must be attending an NLN or CCNE accredited nursing program in the United States
- Minimum GPA of 3.0.
- Scholarship monies will be utilized for tuition only and directed to the schools financial aid office. Monies awarded will not exceed tuition.

Application Procedure:

The scholarship will be advertised to employees through hospital publications and email.

Applicants must submit and meet the following:

- Demographic Form
- An essay (see guidelines attached)
- Two reference forms: (1) from a faculty person and (2) from a manager (see attached form)
- Official school transcript (sealed and stamped)
- Copy of a letter of formal acceptance into a nursing program **OR** must be verifiable through transcripts
- Interview by the selection committee

Applications will be accepted from: November 6 – December 4, 2017

Miami Valley Hospital
KYLE COMBS SCHOLARSHIP APPLICATION
Demographic Form

Name _____

Mailing Address _____
(Street Box# City State Zip)

Phone Number: () _____

Permanent Address _____
(if different) (Street Box# City State Zip code)

Phone Number: () _____
(if different from above)

Email address _____

Social Security No. _____

MVH employee _____yes _____no

Anticipated Graduation Date: _____ Cum. GPA _____ (must attach or forward transcript)

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

Employment History (List in reverse chronological order):

Other activities or related information (extra-curricular activities) _____

**Miami Valley Hospital
KYLE COMBS SCHOLARSHIP APPLICATION
ESSAY QUESTIONS**

Please answer the following question on a separate paper. Essays must be typed, double spaced, a minimum of 300 words and one page.

Undergraduate applicants:

Why are you interested in becoming a professional nurse?

Submission Requirements:

Please complete and submit the following documents to the address below.

- 1) Demographic form
- 2) Essay
- 3) Reference Forms (2)
- 4) Official Transcripts (sealed and stamped)
- 5) Proof of acceptance into nursing program or verifiable through transcripts

Angela Wale
Nursing Administration
Miami Valley Hospital
One 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?

SKILLS	Exceeds requirements: good judgment	Meets requirements: satisfactory judgment	Needs Improvement: judgment not always sound	Not Applicable/Unable to assess
Quality of Nursing Care • Safety • Timeliness				
Critical Thinking • Applying scientific principles				
Teaching Skills • Verbal Skills • Advocacy				
Leadership Skills • Assertiveness versus aggression				
Initiative • Self-directed • Good Utilization of time				
Flexibility • Adjusts to changes in assignments				
Reaction under pressure • Speaking with interdisciplinary team members • Changes in patient's condition				
Accountability • 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				

SUMMARY OF PERFORMANCE AS A STUDENT NURSE:

Recommendation: _____ Highly recommend _____ Recommend _____ Do Not Recommend

ATTENDANCE: _____ Rarely Absent or
_____ Rarely Late _____ Frequently Absent or
_____ Late with Good Cause _____ Habitually Absent or
_____ Habitually Late

OTHER REMARKS: _____

NAME AND TITLE: _____

ORGANIZATION: _____

SIGNATURE: _____