

# **Miami Valley Hospital Minority Nursing Scholarship 2019**

**History:** The Minority Nursing Scholarship Program was developed in 1991. Funding for this scholarship evolved from the Miami Valley Hospital Foundation.

**Program Description:** Scholarship recipients who are enrolled in a Bachelor Nursing Program will receive up to \$5,000 per year; recipients who are enrolled in an Associate Nursing Program will receive up to \$2,500. Maximum number of years of support will not exceed 2 years.

## **Eligibility Requirements:**

- Must currently work as a Patient Care Technician at a Miami Valley Hospital campus (Main, South, North, Austin or Jamestown) and be working towards initial RN licensure.
- 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 a Nursing Program that qualifies for tuition reimbursement according to MVH Tuition Assistance Program.
- Minimum GPA requirements must be met according to MVH Tuition Assistance Program.
- Scholarship monies will be utilized for tuition only and directed to the school's financial aid office.
- Employee may be awarded scholarship in conjunction with tuition assistance.
- Monies awarded will not exceed tuition.
- The Scholarship does not have a post-completion work agreement.

## **Application Procedure:**

Applicants will complete an application and forward to the selection committee. Applications will include:

- One letter of recommendation; and, one faculty member reference (see form).
- A statement describing why the applicant wants to become a professional nurse or continue their education on the graduate level (not to exceed one page).
- Official school transcripts
- Copy of a letter of formal acceptance into a nursing program

Applications will be accepted from: May 6- June 16, 2019, 11:59 pm; questions about the scholarship application should be directed to Janell Easter, Nursing Administration ([jleaster@premierhealth.com](mailto:jleaster@premierhealth.com) or 208-3383.)

# MINORITY NURSING SCHOLARSHIP APPLICATION

Name \_\_\_\_\_

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

Phone Number (\_\_\_\_) \_\_\_\_\_

Permanent Address \_\_\_\_\_  
*(if different from above)* Street Box# City State Zip

Phone Number (\_\_\_\_) \_\_\_\_\_  
*(if different from above)*

Email address \_\_\_\_\_

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

MVH employee \_\_\_\_yes \_\_\_\_no

Graduation Date \_\_\_\_\_ Cum. GPA \_\_\_\_\_ (must attach or forward transcript)

List Other Sources of Financial Aid that will be utilized this year:

---

---

---

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  
SCHOLARSHIP APPLICATION  
ESSAY QUESTIONS**

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

**Undergraduate applicants:**

Why are you interested in becoming a professional nurse?

Please complete essay question and return with application to:

Amy Stockman  
Nursing Administration Office  
Miami Valley Hospital  
1 Wyoming St.  
Dayton, OH 45409

Please forward your official school transcript (s), copy of your formal acceptance letter into a nursing program, letter of recommendation, and reference form from a faculty member.

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

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

**ATTN:** \_\_\_\_\_  
**Fax #:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

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

---

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

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

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

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