

Miami Valley Hospital Foundation Scholarships 2026

The winners will be selected from a selection committee. Please check the scholarships you would like to apply for and provide the following information:

- Demographic Form
- An essay (see guidelines attached)
- 2 professional references (via the included form or a reference letter): 1 from a manager/supervisor and 1 from faculty, supervisor, etc. Proof of grades/GPA (could be the online print out of grades)
- Copy of a letter of formal acceptance into nursing program

Please make sure you fit the eligibility requirements before selecting the scholarships.

- Kyle Combs Scholarship**
- Pat Hastings Scholarship**
- Jerry R Colp Nursing Scholarship**
- Bobbie Gerhart Nursing Scholarship**
- Sweet Caroline Elizabeth Mills Scholarship**

Applications will be accepted until June 5, 2026 at 11:59 p.m.; questions about the scholarship application should be directed to Tonja Fote, associate chief nursing officer, at mafote@premierhealth.com.

APP Scholarship application questions should be directed to Erin Greene at eagreene@premierhealth.com.

Completed applications should be turned into nursing administration.

**Miami Valley Hospital
Demographic Form**

Name _____

Mailing Address _____

(Street Box# City State Zip)

Phone Number: () _____

Permanent Address _____

(if different) (Street Box# City State Zip)

Phone Number: () _____

(if different from above)

Email address _____

Employee ID No. _____

MVH employee _____yes _____no

Department _____

Manager _____

Legal Dependent of an MVH employee: _____yes _____no
Employee Name _____ Relationship _____

Anticipated Graduation Date: _____ Cum. GPA _____ (must attach proof of GPA)

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

Employment History (List in reverse chronological order):

Other activities or related information (extracurricular activities) _____

Miami Valley Hospital
ESSAY QUESTIONS

Please answer one of the following questions 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?

Graduate applicants:

Why are you interested in continuing your education on the master's level?

**MIAMI VALLEY HOSPITAL
PERSONNEL REFERENCE FORM**

ATTN: _____
 Fax #: _____
 E-mail: _____

Applicant Name: _____ Date: _____

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.

SKILLS	Exceeds requirements: good judgment	Meets requirements: satisfactory judgment	Needs Improvement: judgment not always sound	Not Applicable/Unable to assess
Quality of Nursing Care <ul style="list-style-type: none"> • Safety • Timeliness 				
Critical Thinking <ul style="list-style-type: none"> • Applying scientific principles 				
Teaching Skills <ul style="list-style-type: none"> • Verbal Skills • Advocacy 				
Leadership Skills <ul style="list-style-type: none"> • Assertiveness versus aggression 				
Initiative <ul style="list-style-type: none"> • Self-directed • Good Utilization of time 				
Flexibility <ul style="list-style-type: none"> • Adjusts to changes in assignments 				
Reaction under pressure <ul style="list-style-type: none"> • Speaking with interdisciplinary team members • Changes in patient's condition 				
Accountability <ul style="list-style-type: none"> • 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 _____ Frequently Absent or _____ Habitually Absent or
 _____ Rarely Late _____ Late with Good Cause _____ Habitually Late

OTHER REMARKS: _____

NAME AND TITLE: _____

ORGANIZATION: _____

SIGNATURE: _____

Thank you for your interest in this program!