

MVH Advanced Practice Provider (APP) Scholarship

History: The MVH Advanced Practice Provider Scholarship is a scholarship that funded through the MVH Foundation from affiliate dues that are collected annually by the MVH Medical Staff Office and awarded annually.

Program Description: Scholarship recipient(s) will receive a minimum of \$1,000. The amount will be dependent on available funds and the number of qualified applicants. It will be up to the discretion of the selection committee to determine how many scholarships are awarded and the amount. PAs and APRNs will be considered for this scholarship.

Eligibility Requirements:

- The applicant must be a Miami Valley Hospital Employee or spend more than half of their working hours at a Miami Valley Hospital or affiliate facility.
- Applicant shall be in good standing (may not be in a Level 1 of Corrective Action).
- Undergraduate applicants must have been formally accepted into a graduate APRN or PA 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.
- Preference may be given to WSU students.
- Minimum GPA of 3.0.
- Scholarship monies will be utilized for tuition only and directed to the school's financial aid office.
- Monies awarded will not exceed tuition.
- The Scholarship does not have a post-completion work agreement.
- Please complete the Miami Valley Hospital APP Scholarship Demographic Form and essay question.

Demographic Form

- 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 (please circle one)
- Anticipated Graduation Date: _____
- Cum. GPA _____ (must attach or forward transcript)

Miami Valley Hospital APP Application Essay Question

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

- Why are you interested in becoming an APP?

Completed applications should be returned to:

Tonja Fote, Director of Nursing, Nursing Administration

mafote@premierhealth.com

937-208-2439