

***Nursing Education Scholarship Fund***  
**Overview**

**Donors**

The Nursing Education Scholarship Fund is funded with private donations from our employees and the community. The Fund is administered by the Fort Memorial Hospital Foundation, a 501c3 non-profit organization.

**Purpose**

Nursing Education Scholarships are primarily designated to assist R.N.s employed by Fort HealthCare to attain their post graduate degree (i.e. B.S.N. or M.S.N.). These scholarships are for the express purpose of defraying direct educational expenses of the recipient and shall be made payable to the educational institute in the name of the student. A recent donation from Arthur and Nancy Nesbitt has made a mid-year distribution possible.

**Conditions Governing Award**

1. The award shall be known as the Fort Memorial Hospital Foundation Nursing Education Scholarship.
2. 2014 Scholarships shall be awarded to five meritorious candidates as determined by the Nursing Shared Governance – Clinical Practice Council in the amount of \$2,000 each. Award decisions are subject to approval by the Fort Memorial hospital Foundation Board of Directors. All applicants will be notified about their decision.
3. Scholarship awards will be paid directly to the school once proof of enrollment for the class period covered by the scholarship has been received by the Foundation.
4. Awards are subject to repayment if the recipient leaves employment with FHC prior to one year of service following the end of the semester or school year covered by the award.
5. Information and applications are available from the Foundation Office or on Fort HealthCare's website on the Scholarship page. Please direct any telephone inquiries to 920-568-5404.

**Qualifications of Candidates**

1. Must be a R.N. employed by Fort HealthCare.
2. Must pursue a B.S.N. or higher nursing degree at an accredited school of nursing.
3. Must be accepted as a student in the field of study.

**Selection of Candidates**

The Scholarship Committee will evaluate each application. All applicants will be notified of our decisions.

**Applications**

To apply, a complete application, including two letters of recommendation and current college grade transcripts, (if applicable) must be **postmarked by October 31, 2014** and delivered to:

Fort Memorial Hospital Foundation  
Attn: Nursing Education Scholarship Fund  
611 Sherman Avenue East  
Fort Atkinson, WI 53538

If you have questions, please contact Dwight Heaney, Executive Director – Foundation at:  
Phone: 568-5404 or Email: [dwight.heaney@forthc.com](mailto:dwight.heaney@forthc.com)



**NURSING EDUCATION SCHOLARSHIP APPLICATION**

**APPLICANT INFORMATION**

Complete application and mail it with your grade transcripts (if applicable) and your two letters of recommendation, postmarked by October 21, 2014, to:

Fort Memorial Hospital Foundation  
Attn: Nursing Education Scholarships  
611 Sherman Avenue East  
Fort Atkinson, WI 53538

**TYPE or PRINT application information page**

This application is also available on-line in the Fort HealthCare Intranet Resource Library.

Applicant's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Telephone \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Current degree or certification: \_\_\_\_\_ Where earned: \_\_\_\_\_

Institution with which you are pursuing a B.S.N.: \_\_\_\_\_

Current academic year/level? \_\_\_\_\_ Current GPA \_\_\_\_\_

When do you anticipate completion of course work?  
(Month/Year) \_\_\_\_\_

In what departments at FHC are you currently employed? \_\_\_\_\_

How long have you worked for FHC? \_\_\_\_\_ Job title: \_\_\_\_\_

Name and address of school's financial aid office/officer:  
\_\_\_\_\_

# NURSING EDUCATION SCHOLARSHIP APPLICATION

## APPLICANT QUALIFICATIONS

**ESSAY:** Please attach on separate paper a typed essay addressing each of the following topics:

1. Brief personal, academic history, including honors, awards, service projects, etc.
2. Description of academic and professional goals including your choice to achieve your B.S.N.
3. Explain why you choose to practice at Fort HealthCare.
4. Describe any financial circumstances you want taken into consideration.

## **REFERENCES:**

Two letters of reference must be returned **with** your application or sent directly to the Foundation. Suggested references include people who are able to speak to your professional or academic achievements.

## **TRANSCRIPTS:**

Submit official college transcripts for your current program (if applicable) with application

## **STATEMENT OF AUTHORIZATION:**

I understand the information in this application will be seen by other Fort HealthCare employees who are involved in the scholarship review process. I agree to let the Fort Memorial Hospital Foundation and Fort HealthCare use my name and picture to publicize scholarship awards.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Information provided by applicants will be kept confidential among participants in the scholarship review process except as authorized above. This scholarship does not discriminate on the basis of sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability or handicap.*