

Methodist Health System  
Nursing Scholarship Application  
2018 – 2019

(Return by June 15<sup>th</sup>, 2018)





**NURSING SCHOLARSHIP APPLICATION**  
Scholarship Awarded by Methodist Health System Foundation

**Please Check:**       **Initial Application**     **Renewal**

Date of Application: \_\_\_\_\_

**PERSONAL INFORMATION**

Name of Applicant: \_\_\_\_\_  
*First*                      *MI*                      *Last*

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

\_\_\_\_\_ *City*                      *State*                      *Zip Code*

Phone: (    ) \_\_\_\_\_

E-Mail address \_\_\_\_\_

Please list names and relationships of any immediate family members that are employed by Methodist Health System: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT INFORMATION**

Present Employer: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Employer's Address \_\_\_\_\_  
*City*                      *State*                      *Zip Code*

Business Phone: (    ) \_\_\_\_\_

Job Title\_\_\_\_\_

Current Salary \$\_\_\_\_\_

For new applicants, this application must be accompanied by two nursing scholarship Academic Evaluations from current or former college instructors, evidence of acceptance/enrollment and a transcript substantiating current grade point average. For renewal applications, the past awardee needs only to submit evidence of continuing enrollment and a current grade transcript along with a completed application form. A current grade point average of 3.0 must be maintained to be considered for continuing scholarship support.

**OTHER INFORMATION**

Nursing School you are/will attend\_\_\_\_\_

Next semester for which you will be enrolled\_\_\_\_\_

Contact to verify enrollment\_\_\_\_\_

Program:     **LVN to RN**     **ADN**     **RN to BSN**     **BSN**     **MSN**     **PhD**

Do you plan to seek employment at Methodist when you graduate? \_\_\_\_\_

**Please write a brief statement on your reason(s) for wanting to become a nurse or further your education.**

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**Please describe any funding currently being received for nursing education expenses:**

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In considering scholarship applications, Methodist Health System will not discriminate on the basis of race, color, religion, national origin, age, sex, sexual orientation, gender expression, disability, marital status, or ancestry. Applications received without all of the required information will not be considered. Please note that this scholarship may affect any tuition assistance you may be eligible for through Human Resources. Additionally, this scholarship award covers tuition, fees and books. The scholarship award will be paid for the Fall and Spring semesters only. **Application deadline is June 15<sup>h</sup>, 2018.**

Please direct completed application to:

**Methodist Health System – Human Resources**  
**1441 N. Beckley Ave.**  
**Dallas, TX 75203**  
**(214) 947-6505**

I agree to abide by all rules and regulations as specified for the Methodist Health System (MHS) Nursing Scholarship Program. I am aware of the requirements as specified by the Nursing Scholarship Committee. I agree to supply the Nursing Scholarship Committee with any requested information. I further agree to return any scholarship support received for class work in which I did not subsequently enroll or complete the respective courses. Finally, I agree to present the scholarship committee with any documentation regarding any additional sources of funding received after the scholarship decision is determined. I recognize that failure to provide this information will result in the loss of my award.

Applicant Signature \_\_\_\_\_ *Signature* \_\_\_\_\_ *Date*

## **General Information and Timeline**

All applications and other materials must be received in the Human Resources office by the deadline of June 15, 2018. Payment will be made directly to the scholarship recipient. Although the period covered is for both the Fall and Spring semesters, payments will be made for each semester separately. The applicant must report grades at the end of each semester.

Scholarships are available for all levels of nursing education. Applicants should note that awards are made annually by the scholarship committee based on the availability of funds and that this funding will impact the applicant's tuition reimbursement from MHS. Applicants are required to disclose all funding sources and funds may only be applied to tuition, fees and books.

### **Step 1:**

To be considered for Fall 2018 and Spring 2019 semesters the applicant must:

1. Complete the application procedure and provide all requested information by mail by June 15, 2018, including:
  - Application form
  - Proof of enrollment or acceptance
  - Transcripts / Grade Reports
  - Additional information as requested
1. Provide current contact information and update information as needed
2. Be currently enrolled or show proof of acceptance in an approved nursing school
3. Provide proof of successful completion of classes with a minimum of a 3.0 average
4. Provide 2 Nursing Scholarship Academic Evaluations from current or former college instructors

### **Step 2:**

Following the selection committee meeting, awardees will be notified by letter during the month of August. Checks for the Fall semester will be mailed in September (current Methodist Health System employees will receive their award as part of their paycheck). Failure to maintain current contact information will significantly delay this process.

### **Step 3:**

Applicants must provide proof of successful completion of Fall courses prior to receiving funding for the Spring semester. Grade reports should be mailed to Human Resources office no later than January 11, 2019. Checks will be mailed in February (current Methodist Health System employees will receive their award as part of their paycheck).

# METHODIST HEALTH SYSTEM

## Nursing Scholarship Academic Evaluation

I, \_\_\_\_\_ waive my right/do not waive my right to view this evaluation.  
(Circle one)

\_\_\_\_\_  
(Applicant name)

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Date)

Dear Instructor/Professor:

\_\_\_\_\_ is applying for a nursing scholarship through Methodist Health System and your evaluation would greatly assist us in the decision making process. Please respond to the statements and questions below.

Length of time acquainted with this candidate: \_\_\_< 1 year \_\_\_ 1 year \_\_\_ 2 years \_\_\_ 3 years \_\_\_>3 years

Nature of relationship: Student in your class \_\_\_\_\_ Other \_\_\_\_\_

Please rate the candidate using a reference group of his/her peers. Mark an X in the appropriate space.

Category	Top 25%	Middle 50%	Bottom 25%
Attendance			
Punctuality			
Participation			
Quality of Written Work			
Ability to Express Ideas			
Ability to Work in a Group			
Leadership Skills			
Performance on Exams			
Overall Ability			

Strengths/Assets of this candidate \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation:    \_\_\_ Highly Recommend  
                             \_\_\_ Recommend  
                             \_\_\_ Marginally Recommend  
                             \_\_\_ Do Not Recommend

Is there any other information you feel would be important to consider?    \_\_\_ Yes    \_\_\_ No

If yes, \_\_\_\_\_

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Phone Number:

**Please return to:**        Nursing Scholarships, MHS Human Resources,  
1441 North Beckley Avenue, Dallas, Texas 75203