



This program will provide recognition and financial support to student nurses annually in an effort to set the highest healthcare quality benchmarks, and retain outstanding nurses in our hospitals.

Employment Requirements

Scholarships are available to students beginning the first semester of their junior year through the second semester of their senior year. Upon graduation, nurses who have received the scholarship are obligated to accept employment at Exempla Saint Joseph Hospital.

For each year of scholarship, two years of employment will be expected. *Subject to prorated repayment for early separation of employment.

Scholarship Distribution

1. Recipients will receive their tuition paid directly to the University of Saint Mary each of the last four semesters. Financial need is not a criterion for scholarship approval. Hospitals will send scholarship funds directly to the University of Saint Mary each of the last four semesters. Recipients receiving full tuition hospital scholarships will forfeit all USM scholarships. Recipients of hospital scholarships that are less than the full tuition charge may continue to receive already awarded USM scholarships amounts (not exceed the difference between tuition and the hospital scholarship).
2. Following the first semester of funding, recipients must re-submit an official transcript to request funding for their second semester if acceptable academic standards are maintained. An official transcript is expected after each completed semester.
3. Recipients will be asked to sign a Scholarship Program Agreement.
4. Recipients who fail to maintain a 3.0 GPA must return the corresponding prorated amount of fund to Exempla Saint Joseph Hospital immediately.
5. Recipients who discontinue their employment with Exempla Saint Joseph Hospital prior to completing their expected term of employment are expected to return the corresponding amount of fund immediately. (An individual who works half of the agreed upon term must return half of the funding.)



Eligibility to Apply

1. Students must be entering their first semester of their junior level of the Baccalaureate Nursing program at University of Saint Mary.
2. Students must show proof of enrollment the accredited baccalaureate nursing program at University of Saint Mary.
3. Students must submit an official transcript of studies showing a current GPA of 3.0 or greater.

How to Apply

1. Applications may be printed and hand delivered or mailed to: University of Saint Mary Attn: Michelle Johnson/Nursing 4100 S. 4th Street, Leavenworth, KS 66048.
2. Applications must be received before June 1st for fall semester consideration.
3. Late or incomplete applications may not be considered.

Recipient Selection

1. The Exempla Saint Joseph Hospital scholarship committee will review the applications to determine the most qualified candidates.
2. Scholarship funds are limited. Meeting eligibility requirements does not guarantee that an applicant will receive assistance.
3. Recipients will be notified of acceptance in writing with the expected term of employment defined. A copy of the notification will also be sent to:

Financial Aid Office
University of Saint Mary
4100 S. 4th St.
Leavenworth, KS 66048

4. Funds will be sent directly to the Financial Aid Office at the University of Saint Mary.
5. Scholarship awards may be considered taxable income to you per IRS regulations. You are encouraged to talk with Human Resources to discuss in further detail. You are also encouraged to talk with a tax advisor to determine how any scholarship awards may impact you.

All applicants must include:

- ___ Application Form
- ___ Letter of Intent (1 page or less) that answers the following:
 1. Why did you choose to go into nursing?
 2. Identify strengths you will bring to the organization.
 3. What are your career goals in the next 5 years?
 4. What motivates you the most?
 5. Identify any additional skills/talents that should be considered.
- ___ Cumulative GPA 3.0 or above: include a copy of your transcript
- ___ Faculty Recommendation Form from your most recent instructor.
(Must meet or exceed standards.)

I understand that if I receive a full tuition hospital scholarship, I will forfeit all USM Scholarships. If I receive a hospital scholarship that is less than the full tuition charge, I will continue to receive already awarded USM Scholarship amounts (not to exceed the difference between tuition and the hospital scholarship amount).

Scholarship Applicant Signature

Date



Faculty Recommendation Form

RECOMMENDATION FOR SCHOLARSHIP (Please complete both pages.)

PART A: TO BE COMPLETED BY THE APPLICANT

Applicant's Name: _____
Last First Middle Initial

Degree Sought: _____

I waive__ / do not waive__ my right to access this letter of recommendation.

Signature of applicant: _____

In accordance with the Family Educational Rights and Privacy Act of 1974, you may waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive the right, you will have access to this recommendation only if you enroll in the School of Nursing at University of Saint Mary, Leavenworth, Kansas.

PART B: TO BE COMPLETED BY THE RECOMMENDER

The person named above has applied for a scholarship from Exempla Saint Joseph Hospital. We would appreciate your candid evaluation of the applicant's ability to carry on studies, as well as of her/his scholarship, personality, character, integrity, and professional promise. Please include in the statement an assessment of strengths and weaknesses. The basis for your opinion will be appreciated. If additional space is needed, please feel free to use a separate page. If you prefer, you may write the entire statement on your own stationery. We thank you for your cooperation.

Recommender: Please complete this two page reference form. Once completed place reference pages in an envelope, seal it and put your name over the seal. You may either mail the envelope directly to USM Nursing Department Attn: Michelle Johnson, 4100 S. 4th Street, Leavenworth, KS 66048 or have the applicant return the sealed and signed envelope to us.

How long and in what capacity have you known the applicant?

STATEMENT:

Name (Print or Type) _____ Title _____

Institution/Business _____ Phone _____

Address _____

Signature _____ Date _____

Scholarship Application
SUMMARY OF EVALUATION

Applicant's promise as a BSN student
 In comparison with others of similar
 Age and experience

Below Average	Average	Above Average	Outstanding	Exceptional	No Basis for Judgment
Lowest 40%	Middle 20%	Next 20%	Next 15%	Upper 5%	

1. Academic Performance						
2. Intellectual Ability						
3. Imagination/Creativity						
4. Oral & Written Expression						
5. Motivation/Self Confidence						
6. Emotional Maturity						
7. Honesty/Integrity						
8. Dependability						
9. Judgment/Decision Making Ability						
10. Ability to Work with Others						

Please indicate the strength of your overall endorsement by placing an "X" along the scale.

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Not Recommended

Recommended with
Some Reservations

Recommended

Highly Recommended