



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 any of the *Sisters of Charity Hospitals*. 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 two semesters. Financial need is not a criterion for scholarship approval.
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 *Sisters of Charity of Leavenworth* immediately.
5. Recipients who discontinue their employment with the Sisters of Charity 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 senior 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 mailed to: *Michelle Johnson, University of Saint Mary, 4100 S. 4th Street, Leavenworth, KS 66048*
2. Applications must be received before July 1st for fall semester consideration.
3. Late or incomplete applications may not be considered.

Recipient Selection

1. The SCL 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.
4. Funds will be sent directly to 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.)



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 Sisters of Charity of Leavenworth. 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 University of Saint Mary Attn: Michelle Johnson, 4100 S. 4th St., 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