



Memorial Medical Center FOUNDATION

Nursing Scholarship

Deaconess Memorial Medical Center's Mission is to provide Christ's healing mission of compassion to empower us to be for others through quality and excellence. In its pursuit of achieving Magnet designation for excellence in nursing services, providing high quality care, and in keeping with its mission, DMMC supports the growth and development of current and future nurses.

What is the Memorial Medical Center Foundation Nursing Scholarship?

- The vision of the scholarship program is to identify a selected number of future nursing professionals to promote the profession of nursing and cultivate future nursing leaders within our community.
- The nursing scholarship is funded by the Memorial Medical Center Foundation and payable to the individual recipient. The scholarship allows recipients to utilize the funds at their discretion to support their successful completion of their degree from an accredited school of nursing.
- This is a unique opportunity for nursing students that begins in their final year of nursing education in the fall semester. The scholarship is intended to support future nursing professionals as they achieve their educational objectives, nursing licensure, and career goals in nursing at DMMC.

What are the requirements of the scholarship program?

- Interested applicants must be entering their final year of nursing education in the fall, and must be in good standing with an accredited school of nursing.
- The scholarship candidate will, at the time of application, have a GPA of 3.2 or higher.
- The scholarship candidate will graduate either December or May and be eligible to take the NCLEX exam.
- Students will apply for a nursing position with DMMC their last semester of school.
- As part of the program, the future nursing professional must sign an agreement to remain employed at DMMC as a Registered Nurse in a direct patient care area full time for a period of two (2) years.
- If separation of employment occurs before the 2-year obligation is met, the entire scholarship amount must be repaid to Memorial Medical Center Foundation. A Student Commitment Agreement is required to be signed by the recipient.

What are the scholarship benefits?

- An amount of \$5,000.00, granted to each scholarship recipient to assist with successful completion of his/her nursing curriculum.
- Full-time nursing position at DMMC focusing on critical shortage areas.
- Individualized nursing orientation and unit orientation with preceptor.
- Post-employment opportunities for specialty certification and ongoing continuing education.
- Opportunity to participate in the DMMC Nurse Onboarding.



Memorial Medical Center FOUNDATION NURSING SCHOLARSHIP

TYPE OR PRINT ALL INFORMATIONAPPLICATION POSTMARK DEADLINE IS: **April 15th**

Completeness and neatness ensure your application will be reviewed properly.

**APPLICANT
DATA**

Last Name

First Name

Middle Initial

Permanent home mailing address

City

State

Zip Code

Phone

E-mail Address

Nursing Program/School

Anticipated graduation month and year

If space provided in any section is inadequate, you may continue on additional sheets of paper using the same format.

DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

The student is responsible for submitting all materials to DMMC Human Resources by identified timeframes. Incomplete applications will not be evaluated. This application becomes complete and valid only when DMMC Human Resources has received all of the following materials:

**APPLICATION
CHECKLIST**

- ☐ Student Application (this packet must be submitted on line or emailed).
Emailed to: Ashley Bueltmann at ashley.bueltmann@deaconess.com

Mailed to:

Human Resources - Memorial Medical Center Foundation Nursing Scholarship
800 W. 9th St
Jasper, IN 47546
Attention: Ashley Bueltmann

- ☐ Current official transcript
(can be mailed or electronically requested).

- ☐ Student Clinical Performance Evaluation Form
(Last page of application, form must be signed by student and sent to instructor).

**WORK
EXPERIENCE**

List your work experience during the past four years. Indicate dates of employment for each job and approximate number of hours worked each week.

Present or Last Employer		Phone (including area code)	
Address	City	State	Zip
Name While Employed	Job Title	Start Date	End Date
		Supervisor's Name	
Summary of Duties			
Reason for Leaving			

Present or Last Employer		Phone (including area code)	
Address	City	State	Zip
Name While Employed	Job Title	Start Date	End Date
		Supervisor's Name	
Summary of Duties			
Reason for Leaving			

**ACTIVITIES,
AWARDS AND
HONORS**

List all school activities in which you have participated during the past four years (e.g. student government, music, etc.) List all community activities in which you have participated without pay during the past four years (e.g. Boy/Girl Scouts, hospital volunteer). Note all special awards, honors, and offices held. Indicate whether high school or college activities.

Activity	Number of Years Participation	Special Awards, Honors	Offices Held

**GOALS AND
ASPIRATIONS**

Provide a statement or summary of your plans as they relate to your educational and career objectives and long-term goals. (Please attach a separate page if additional space is needed.)

**DISTINGUISHING
QUALITIES**

Please describe any characteristics about yourself that you feel distinguish you from your peers. Please do not repeat information that is included elsewhere in this application.

**TRANSCRIPT
INFORMATION**

An official transcript of grades must be sent with this application.

☐ Mailed ☐ Sent Online

Must be official, can be mailed or sent online by electronically requesting an eTranscript.

Mailed Transcripts should be addressed to:

Human Resources - Memorial Medical Center Foundation Nursing Scholarship

Attn: Ashley Bueltmann

800 W 9th St

Jasper, IN 47546

Online transcripts must be ordered to be sent to Ashley Bueltmann at ashley.bueltmann@deaconess.com

BACKGROUND

Have you ever been convicted of a crime, excluding minor traffic violations?

☐ Yes

☐ No

If yes, please list the conviction date, court, location and type of the offense.

PLEASE READ AND SIGN

I voluntarily authorize Deaconess Memorial Memorial Center to make a thorough pre-employment investigation, including a limited criminal history background check for the purpose of qualifying for a Memorial Medical Center Foundation Nursing Scholarship. I understand that I have the right to obtain a copy of that report at my own expense and to challenge any information that I believe to be inaccurate. I hereby authorize former and present employers and others to provide or verify any information they have regarding my employment or me and release them from any liability for furnishing such information to Deaconess Memorial Medical Center. I understand that scholarship qualification and employment is contingent on satisfactory outcomes of reference and background checks. The information in this document that I have provided is true and complete, and I have met the eligibility requirements of the program as described. False statements on this scholarship application and employment-related documents shall be considered sufficient cause for denial of scholarship qualification. Falsification of information may result in termination of any scholarship granted upon discovery of such falsification. If I receive a Memorial Medical Center Foundation Nursing Scholarship and an offer for employment, I agree to have a medical evaluation and understand that any subsequent employment is contingent upon passing that evaluation. As an employee, I agree to take such future medical evaluation as may be lawfully required by DMMC. If I am employed, I understand that I may be required to work weekends, holidays and overtime and hereby agree to do so. I agree to accept a temporary shift or unit change whenever emergency conditions warrant. If employed, I agree to abide by the policies, procedures and rules of DMMC and the department to which I am assigned. I further agree to protect the confidentiality and privacy of any information regarding DMMC and its patients. I acknowledge that decisions of DMMC Hospital and its Selection Committee are final. This application and its attachments become the property of DMMC. (It is recommended that you keep a copy for your files.)

Applicant's Signature for Memorial Medical Center Foundation Nursing
Scholarship Program and Employment Application Records

Date

STUDENT AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby request and authorize you and your institution to provide the information requested and release you and your institution from any liability resulting therefrom. All information provided to Deaconess Memorial Medical Center will be held in confidence and used for the specific purpose of the Nurse Intern Application process.

Student Name (please print) _____

Student Signature _____ Date _____

STUDENT PERFORMANCE EVALUATION

(to be completed by nursing faculty)

School of Nursing _____ Instructor _____

Please use a scale of 1 to 5 (1 = Unsatisfactory, 5 = Excellent) to rate the student on the following performance criteria:

___ Attendance

___ Initiative

___ Quality of Work

___ Attitude

___ Team Work

___ Organizational Skills

___ Integrity

___ Cooperation

___ Relationship with Others

___ Communication Skills

Comments/Strengths/Areas for Improvement:

I would recommend this student for the Memorial Medical Center Foundation Nursing Scholarship:

___ Yes ___ No

If no, why not: _____

Faculty Signature _____

Date _____

Printed Name _____

***Submit this release of information and evaluation form to:**

Human Resources, Attn. Ashley Bueltmann

Deaconess Memorial Medical Center

800 W Ninth Street

Jasper, IN 47546

OR via email to: ashley.bueltmann@deaconess.com

If you have any questions, please contact Human Resources at 812-996-6267.