



## **DEACONESS HOSPITAL FOUNDATION NURSING SCHOLARSHIP**

**The mission of Deaconess Hospital is to provide quality health care services with a compassionate and caring spirit to persons, families, and communities of the Tri-State. In its pursuit of achieving Magnet designation for excellence in nursing services and in keeping with its mission, Deaconess Hospital supports the growth and development of current and future nurses. The Deaconess Hospital Foundation Nursing Scholarship program represents an investment in people to pursue the Hospital's vision of continued quality patient care and service excellence.**

### **What is the Deaconess Hospital 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.
- This unrestricted grant is funded by the Deaconess Hospital Foundation and payable to the individual recipient. The scholarship allows recipients to utilize the funds at their discretion to support their successful completion of a degree from an accredited school of nursing.
- This is a unique opportunity for nursing students beginning their final Pre-RN licensure year of nursing education in the fall semester of 2016. The scholarship is intended to support future nursing professionals as they achieve their educational objectives, nursing licensure, and career goals in nursing at Deaconess Hospital.

### **What are the requirements of the scholarship program?**

- Interested applicants must be entering their final Pre-RN licensure year of nursing education in the fall of 2016, must be in good standing with an NLN or AACN accredited school of nursing, and must agree to complete the required course work to achieve necessary licensure.
- The scholarship candidate will, at the time of application, have a GPA of 3.4 or higher.
- The scholarship candidate will graduate and be eligible to sit for boards in 2017.
- After successfully passing the RN licensure examination and receiving his/her nurse license, Student will apply for a nursing position with Deaconess Hospital, Inc.
- As part of the program, the future nursing professional must sign an agreement to remain employed at Deaconess Hospital as a Registered Nurse in a direct patient care area for a period equal to two (2) years of full-time employment or 4,160 hours worked over a four (4) year period beginning with the Student's first post graduate hour worked as a licensed Registered Nurse after signing the Agreement (the "Employment Commitment").
- If employment is terminated before the 4-year obligation is met, any remaining scholarship obligation must be repaid to Deaconess Hospital. A Student Postgraduate Employment Agreement is required to be signed by the recipient.
- Current Deaconess employees in the Step-Up Program are NOT eligible for this scholarship.

### **What are the scholarship benefits?**

- An amount of \$7,000.00, granted annually and payable in two installments, to each scholarship recipient to assist with successful completion of his/her nursing curriculum
- Paid entrance to CPR Certification provided by Deaconess Hospital for school of nursing requirement
- Paid entrance to one NCLEX Review Class
- Paid exam fee to one State Board of Nursing Licensure Examination
- Part time or full time Nursing position at Deaconess Hospital in an inpatient care center
- Individualized nursing orientation and unit orientation with preceptor
- Educational opportunities post-employment for specialty certification and ongoing continuing education offerings
- Opportunity to participate in the Deaconess Hospital Student Nurse Academy.  
Deaconess agrees to offer and employ the Student (subject to customary employment guidelines, references and background checks) in a full-time nursing position within sixty (60) days after receiving the Student's completed employment application and verification of graduation.
- In the event no full-time nursing position is available within sixty (60) days after receiving the Student's completed employment application, the Student is released from all Program obligations, including any obligation to repay any or all of the Scholarship to the Deaconess Foundation. Furthermore, in such event, the Student is no longer obligated to provide full or part-time employment with Deaconess Hospital.



# DEACONESS HOSPITAL FOUNDATION NURSING SCHOLARSHIP

**TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES**

Completeness and neatness ensure your application will be reviewed properly. **APPLICATION POSTMARK DEADLINE IS: Feb 28, 2017**

**APPLICANT  
DATA**

Last Name	First	Middle Initial
Permanent home mailing address		
City	State	Zip Code
Telephone	E-mail Address	
Social Security Number	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 Deaconess Hospital Human Resources by identified timeframes. Incomplete applications will not be evaluated. This application becomes complete and valid only when Deaconess Hospital Human Resources has received all of the following materials:

**APPLICATION  
CHECKLIST**

- Student Application
- Current complete sealed transcript(s) of grades (including grading scale). On-line transcripts are not acceptable.
- Student Clinical Performance Evaluation Form (forwarded to Hannah McNabb, Deaconess Hospital Human Resources Dept.)

All materials, including transcript, must be addressed to:  
**Deaconess Hospital Foundation  
Nursing Scholarship**  
Deaconess Human Resources  
600 Mary Street  
Evansville, IN 47747

FOR DEACONESS HOSPITAL HUMAN RESOURCES USE ONLY

I.D. #	GPA	PE	TOTAL

**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.

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

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

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**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	No. Years Partic.	Special Awards, Honors	Offices Held



**PLEASE READ AND SIGN**

I voluntarily authorize Deaconess Hospital to make a thorough pre-employment investigation, including a limited criminal history background check for the purpose of qualifying for a Deaconess Hospital 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 Hospital. 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 Deaconess Hospital 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 Deaconess Hospital. 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 Deaconess Hospital and the department to which I am assigned. I further agree to protect the confidentiality and privacy of any information regarding Deaconess Hospital and its patients. I acknowledge that decisions of Deaconess Hospital and its Selection Committee are final. This application and its attachments become the property of Deaconess Hospital. (It is recommended that you keep a copy for your files.)

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Applicant's Signature for Deaconess Hospital Foundation Nursing Scholarship  
Program and Employment Application Records

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Date



## Deaconess Hospital Foundation Nursing Scholarship Student Authorization To Release Information

I am presently seeking a scholarship from Deaconess Hospital Foundation. I hereby request and authorize you and your school of nursing to provide the information requested and release you, the faculty, and the school of nursing from any liability resulting there from. All information provided to Deaconess Hospital will be held in confidence.

Student Name (please print)	Social Security No.	Student Signature
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### Student Clinical Performance Evaluation Form To Be Completed By Nursing Instructor

The Clinical Nursing Instructor may fax this completed form per instructions listed at the bottom of this page. Information contained within this document will be kept confidential and will not be disclosed to the scholarship applicant.

**Please Note:** This form is critical to the decision making process for each scholarship applicant. Please take the time to complete all areas of this document.

School of Nursing	Contact Person/Title
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**Please rate all categories.** Use a scale of 1 to 5 (1 = Unsatisfactory, 3 = Average, 5 = Excellent) to rate the student, *as compared to your other students*, on the following:

_____ Attendance/Punctuality	_____ Patient Advocacy	_____ Organizational Skills	_____ Relationship w/Others
_____ Maturity	_____ Nursing Judgment	_____ Integrity	_____ Quantity of Work
_____ Initiative	_____ Attitude	_____ Bedside Manner	_____ Communication
_____ Quality of Work	_____ Teamwork	_____ Cooperation	_____ Critical Thinking

Comments/Strengths/Weaknesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would recommend this student for a nursing scholarship.  Yes  No  
If no, why not: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature	Title	Date
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Please scan/email this form by Feb 28, 2017 to Hannah McNabb at [hannah.mcnabb@deaconess.com](mailto:hannah.mcnabb@deaconess.com)  
If you have questions, please contact Hannah McNabb, 812-450-2936.  
Updated 9/6/15