



2024/2025 DEACONESS FOUNDATION NURSING SCHOLARSHIP

The mission of Deaconess Health System 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 Health System 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 Health System 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 2024. The scholarship is intended to support future nursing professionals as they achieve their educational objectives, nursing licensure, and career goals in nursing at Deaconess Health System.

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 2023, must be in good standing with an AACN, CCNE, or ACEN 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 3.2 or higher.
- The scholarship candidate will graduate either December 2024 or May 2025 and be eligible to sit for boards in early 2025 or summer of 2025.
- Pending, passing the RN licensure examination and receiving their nurse license, Student will apply for a nursing position with Deaconess Health System.
- 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 Foundation. 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 \$2,000.00- \$8,000.00, granted to each scholarship recipient to assist with successful completion of their 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 and Nursing Residency Program. 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 Health System.



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TYPE OR PRINT ALL INFORMATION

APPLICATION POSTMARK DEADLINE IS: March 18, 2024

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 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 Human Resources by identified timeframes. Incomplete applications will not be evaluated. This application becomes complete and valid only when Deaconess Human Resources has received all of the following materials:

**APPLICATION
CHECKLIST**

☐ Student Application

☐ Current official transcript
(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 or attach an updated resume. 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
Starting Salary	Ending Salary	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
Starting Salary	Ending Salary	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.

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

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

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

Date



Deaconess Foundation Nursing Scholarship Student Authorization To Release Information

I am presently seeking a scholarship from Deaconess 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 Health System will be held in confidence.

Student Name (please print)

Date

Student Signature

Student Clinical Performance Evaluation Form To Be Completed By Nursing Instructor

The Clinical Nursing Instructor may submit 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

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

Please send this form by March 18, 2024 to Makenzie Davis via email.

Email: Makenzie.Davis@Deaconess.com

For questions, please call Makenzie Davis, Nursing Recruiter at 812-450-2360.