

Scholarship goals: To increase the number of practicing bedside nurses at Thomas Health by providing scholarships to up to 10 students annually who are in entry-level collegiate nursing programs.

Award Information

- Up to \$5,000 awarded per semester. Awards will apply for up to 4 semesters for those students in Associate Degree programs and up to 6 semesters for those in Baccalaureate Nursing programs
- **Application Deadline: April 30 each year for Fall Semester; October 31 each year for Spring Semester**
- Payments will be issued to the educational institution. The applicant will pick up check from Thomas Health Foundation office.
- The recipient **MUST** commit to 1 month of service at Thomas Health for each \$500 received.
- Scholarship monies will be awarded up to the amount available on an annual basis. The selection committee reserves the right to award higher or lesser scholarship amounts based on the number of applications received.
- If accepted, scholarship recipient will be notified after the application deadline. If you have any questions, please contact nursingscholarship@thomashealth.org or call 304.766.3983.

Criteria for Consideration

- High school or college students who are accepted to an accredited school of nursing program are eligible.
- Students must have a 3.0 GPA or higher in the most recent high school or college transcript with a minimum of 2.0 in any nursing course.
- Priority will be given to the following individuals: Thomas Health employees, students who attended the Thomas Health Junior or Senior Nursing Academies, THS Volunteer program participants and United States Veterans.
- Completion of portfolio
- Only candidates who meet eligibility requirements and submit required criteria as requested will be considered. Failure to comply with any required portion of the application or portfolio will result in forfeiture of consideration.

Terms of Employment Service Agreement

The Thomas Health/Thomas Health Foundation Nursing Scholarship requires that recipients enter into an Employment Service Agreement with Thomas Health agreeing to work 1 month for each \$500 awarded.

- Employment will be offered based on positions available at the time of the student's graduation. If there are no positions available, or if the Hospital is unable to offer a position, the obligation to Thomas Health will be considered satisfied. The money awarded will not have to be repaid.
- Scholarship recipients who do not fulfill their commitment to be employed, or do not complete their academic program are required to repay scholarship funds. Monies will be due in full within three months of graduation, or withdrawal from the nursing program.
- Failure to fulfill the Employment Service Agreement obligates the recipient to repay the balance of scholarship funds on a prorated basis, based on the length of employment with Thomas Health, if any.
- If the Employment Service Agreement is not signed, the scholarship will not be awarded.
- Existing HR policies will be in effect with regard to transfers and reassignments.
- **By submitting an application, the applicant agrees to the terms of the Employment Service Agreement.**

Scholarship Renewal

This scholarship is renewable, and number of renewals is based upon the type of Nursing program, ADN (4 semester awards) and BSN (6 semester awards). The following are required for reconsideration:

- Progress reports (submission of current transcripts) **MUST** be submitted to nursingscholarship@thomashealth.org per each grading period — (follow submission guidelines located under “portfolio documents required” portion of application).
- Retention of an academic overall GPA of 2.5 on a 4.0 scale
- 1 Letter of recommendation from faculty advisor from the college/university — (follow submission guidelines located under “portfolio documents required” portion of application).
- Thank you note to scholarship source
- Note: Student may be required to provide a formal presentation on progress to the funding source.

Portfolio Documents Required

- For mail submissions, please send to Thomas Health, attention Nursing Scholarship Applications, 4605 MacCorkle Avenue, SW, South Charleston, WV 25309. Please use a 1” 3 ring binder for portfolio documents.
- **Application Deadline is April 30 each year for Fall Semester; October 31 each year for Spring Semester**
- **Documents to note:**
 - ⇒ Confidential Recommendation/Reference/Employee Service Form—must be signed by applicant
 - ⇒ Thomas Health/Thomas Health Foundation Nursing Scholarship Application 2021-2022 Academic Year Form (must be completed by applicant if resume not submitted)
 - ⇒ Confidential Recommendation/Reference Form to be sent by Thomas Health to recommenders
- The following should be included in the applicant’s email text:**
 - Applicant’s name, email, phone number, address, year of school, institution name
 - Subject line should read “Nursing Scholarship Application— Elizabeth Smith” (include applicant’s name).
 - *Mail applications: The above should be on the binder cover page.*
- Essay** (Typed using 12 point Times New Roman font, double spaced, 1-2 pages in length)
 - How the scholarship will assist in obtaining educational career/goal
 - Factors that influenced the applicant to choose a career in nursing
 - Personal qualifications which will assist in completing educational goal
 - Character attributes and personal statement from applicant
 - *Attach to email or include in binder.*

Portfolio Documents Required **Transcripts/Grades for High School Graduates/Seniors**

- Students must have a 3.0 GPA or higher in the most recent high school or college transcript with a minimum of 2.0 in any nursing course.
- A school counselor or principal **MUST** email nursingscholarship@thomashealth.org with their signature included on the transcripts. Contact information for the counselor or principal **MUST** be included to validate transcripts.
- Subject line should read “Nursing Scholarship Application Transcripts/Grades for (applicant’s name)”.
- *Mail applications: Document must be signed by school counselor or principal. Document must be enclosed in envelope with school seal clearly identified on the outside and school counselor or principle signature on the back of the envelope seal.*

 Transcripts/Grades for College Students

- If applicant is a college student who does not have grades from their most recent semester, the student’s most recent official transcript **MUST** be submitted.
- A representative from the college’s registrar’s office **MUST** email nursingscholarship@thomashealth.org with transcripts and include their signature or school seal on the transcripts.
- If applicant is currently taking college courses, grades may be submitted as an attachment by the student from current semester. Document may be downloaded from college website, and must include student’s name, college, current GPA and cumulative GPA.
- *Mail applications: Transcripts must be included in binder in a sealed school envelope. For downloaded grades, school URL or other official URL must be present on the page.*

 College Letter of Acceptance

- Letter should include applicant’s name, address and any other identifying information, as well as school letterhead.
- *Mail applications: Copy of letter may be included*

 References List (3)

- Applicant must include 3 references that may be contacted.
- References should be someone other than a family member and could include clergy, teacher, counselor, or employer.
- Reference list must be attached to email and include reference name, employer, position, phone number and email address.
- Note: References will be asked to complete and return the Confidential Recommendation/Reference form.
- *Mail applications: List must be submitted in binder*

Portfolio Documents Required **Resume OR Completed Application form**

- Applicant may choose to submit resume OR Thomas Health/Thomas Health Foundation Nursing Scholarship Application 2021-2022 Academic Year Form
- If resume, the following information MUST be included:
 - Applicant's name (First, Middle initial, Last)
 - Contact information, including: Address with city, state and zip, Email, Phone number
 - High school attended with city and state, include graduation date
 - College attending with city and state, include start and anticipated degree completion date
 - Indicate if United States veteran, current TH employee, and/or past participant of VOLUNTEEN or Senior and Junior Nursing Academies
 - Type of nursing program (AND or BSN) - other nursing degrees are not eligible for consideration
 - Work experience (begin with the most recent, and indicate dates of employment)
 - (Include company, position, date from, date to and supervisor with contact information)
 - Relevant Collegiate/high school activities (if any) — include special awards, honors and offices held
 - Community activities (if any) during the last 4 years— include special awards, honors and offices held
 - Special skills or interests — include special awards, honors and offices held

 Confidential Recommendation/Employee Service Agreement form

- Applicant MUST sign and return form
- Attach signed form to email or include a printed copy in binder

Summary of Portfolio Checklist

- Email to nursingscholarship@thomashealth.org
- Essay
- Transcripts/Grades for High School Graduates/Seniors
- Transcripts/Grades for College Students
- College acceptance letter
- Reference List (3)
- Resume OR Completed Application form
- Signed Confidential Recommendation/Employee Service Agreement Form

Thomas Health/Thomas Health Foundation Nursing Scholarship Application

Application Deadline is April 30 each year for Fall Semester, October 31 each year for Spring Semester

THIS APPLICATION FORM DOES NOT NEED TO BE SUBMITTED IF RESUME IS SUBMITTED WITH ALL REQUIRED FIELDS.

PERSONAL INFORMATION

APPLICANT'S NAME (FIRST, MIDDLE INITIAL, LAST):

ADDRESS:

CITY, STATE, ZIP:

EMAIL:

PHONE NUMBER:

HIGH SCHOOL ATTENDED/GRADUATION DATE:

CITY, STATE:

COLLEGE ATTENDING:

CITY, STATE:

COLLEGE START AND ANTICIPATED DEGREE COMPLETION DATE: TYPE OF PROGRAM: ADN ____ BSN ____

CHECK ALL THAT APPLY: CURRENT TH EMPLOYEE ____ UNITED STATES VETERAN ____
 TH JUNIOR OR SENIOR NURSING ACADEMY PARTICIPANT ____ TH VOLUNTEEN ____

WORK EXPERIENCE

Describe your work experience (if any) beginning with the most recent. Indicate dates of employment.

Additional sheets may be attached.

COMPANY	POSITION	DATE FROM	DATE TO	SUPERVISOR NAME AND CONTACT INFO (PHONE/EMAIL)

Thomas Health/Thomas Health Foundation Nursing Scholarship Application

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THIS APPLICATION FORM DOES NOT NEED TO BE SUBMITTED IF RESUME IS SUBMITTED WITH ALL REQUIRED FIELDS.

COLLEGIATE/HIGH SCHOOL ACTIVITIES

List all relevant collegiate/high school activities (if any) in which you have participated. Include any special awards, honors and offices held. Additional sheets may be attached.

COMMUNITY ACTIVITIES

List all community activities (if any) in which you have participated. Include any special awards, honors and offices held. Additional sheets may be attached.

SPECIAL SKILLS OR INTERESTS

List any relevant special skills or interests that you have. Include any special awards, honors and offices held. Additional sheets may be attached.

ADDITIONAL COMMENTS

**Thomas Health/Thomas Health Foundation Nursing Scholarship
Confidential Recommendation/Employee Service Agreement**

To be completed by applicant

CONFIDENTIAL RECOMMENDATION/REFERENCE

Applicant's Name (First, Middle Initial Last): _____

To the Applicant: Please print your name above and sign the statement below.

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to education records concerning them. Students are permitted to waive their right of access to recommendations. A waiver of their right of access may permit recommenders to submit a more candid evaluation. The following signed statement indicates the wish of the applicant with respect to this recommenders' recommendation.

I waive my right of access to the following recommendation.

Applicant Signature/Date: _____

EMPLOYEE SERVICE AGREEMENT

The Thomas Health/Thomas Health Foundation Nursing Scholarship requires that recipients enter into an Employment Service Agreement with Thomas Health agreeing to secure employment with Thomas Health. Repayment of scholarship monies will be expected if the terms of the Employment Service Agreement are not fulfilled.

The Thomas Health/Thomas Health Foundation Nursing Scholarship requires that recipients enter into an Employment Service Agreement with Thomas Health agreeing to work 1 month for each \$500 awarded.

- Employment will be offered based on positions available at the time of the student's graduation. If there are no positions available, or if the Hospital is unable to offer a position, the obligation to Thomas Health will be considered satisfied. The money awarded would not have to be repaid.
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- If the Employment Service Agreement is not signed, the scholarship will not be awarded.
- Existing HR policies will be in effect with regard to transfers and reassignments.

The undersigned hereby acknowledges that the information provided in this application, including any enclosed documents, is true and correct to the best of their knowledge.

Applicant Signature/Date: _____

**Thomas Health/Thomas Health Foundation Nursing Scholarship
 Confidential Recommendation/Reference**

To be completed by recommender

CONFIDENTIAL RECOMMENDATION/REFERENCE

Applicant's Name (First, Middle Initial Last): _____

To the Recommender: The person whose name appears above is applying for a nursing scholarship with Thomas Health/Thomas Health Foundation. The applicant has requested that your evaluation be included as part of the information upon which the selection decision will be based. We value your direct contact with the applicant and will appreciate your responses to the following questions as candidly and specifically as possible. Your responses will assist the Scholarship Committee in the evaluation of the applicant's qualifications for the receipt of a scholarship. We realize the amount of time and care necessary to complete a thoughtful recommendation and are grateful for your assistance.

Our application procedure requires that the applicant gather all documents including recommendations and submit a complete set of materials with the application. This system allows the applicant to know the completed application has been submitted and facilitates our control over materials.

Please email this completed document to nursingscholarship@thomashealth.org with the following information:

- Subject line should read "Nursing Scholarship Application Confidential Recommendation/Reference for (applicant's name)"

If you are mailing this document, please enclose the completed recommendation in an envelope.

- Please seal the envelope and sign across the seal.
- You may return it to the applicant so that it can be submitted with the application,
- Or mail to Thomas Health, attention Nursing Scholarship Applications, 4605 MacCorkle Avenue, SW, South Charleston, WV 25309.

APPLICANT RATINGS

Please rate the applicant in the following attributes, relative to others whom you have known in a similar capacity.

	Outstanding	Strong	Average	Fair	Poor	Not Observed
Motivation & Drive						
Leadership Potential						
Imagination & Creativity						
Self Confidence						
Ability to Work with Others						
Intellectual Ability						
Oral Communication						
Written Communication						

Thomas Health/Thomas Health Foundation Nursing Scholarship**Confidential Recommendation/Reference***To be completed by recommender***PLEASE ANSWER THE FOLLOWING**

How long have you known the applicant, and what is your relationship?

How will this scholarship impact the applicant's future plans?

What positive qualities/skills/attributes does the applicant possess? How will these qualities contribute to their success in the study of a health care discipline?

Which qualities/skills/attributes can the applicant improve upon for success in the study and subsequent career in a health care discipline?

Other comments:

Please check one:

 I *strongly recommend* the applicant as a scholarship recipient. I *recommend* the applicant as a scholarship recipient. I *recommend the applicant with reservation* as a scholarship recipient. I *do not recommend* the applicant as a scholarship recipient.

Signature of recommender/date: _____