

HUMILITY OF MARY HEALTH PARTNERS DEVELOPMENT FOUNDATION

**NURSING SCHOLARSHIPS**

AVAILABLE FOR USE AT

**MERCY COLLEGE OF NORTHWEST OHIO ST. ELIZABETH CAMPUS  
ASSOCIATE DEGREE IN NURSING PROGRAM**

OVERVIEW

Annual nursing scholarships will be awarded by the Humility of Mary Health Partners Development Foundation to eligible and selected scholastically deserving individuals who are enrolled in the Mercy College of Northwest Ohio St. Elizabeth Campus Associate Degree in Nursing Program.

Specific scholarships are available each year.

CRITERIA FOR SCHOLARSHIP AWARD

- Scholarship winners **MUST** attend the awards ceremony. In 2011 this will be the evening of June 7th.
- Applicant must already be accepted for enrollment in the Mercy College of Northwest Ohio St. Elizabeth Campus Associate Degree in Nursing Program.
- Applicant must complete a scholarship application form and furnish the required documents and information.
- If already a Mercy College of Northwest Ohio St. Elizabeth Campus student, the applicant must have a minimum 2.7 cumulative grade point average (based upon a 4.0 grade system). If a non-Mercy student, the applicant should have a minimum of a 3.0 for high school courses or previous (non-Mercy) college courses, and provide corresponding proof via official school transcripts.
- Applicant must have two letters of recommendation (not from family members):
  - One letter from a previous teacher or professor regarding the applicant's scholastic abilities.
  - One letter from individuals regarding the applicant's character and specific noteworthy accomplishments.
- Applicant's application will be considered in relation to all of the available scholarships (only one application needs to be furnished).

## PROCEDURE FOR SCHOLARSHIP AWARD

- Applicant must complete and return a scholarship application form and all related information and documents between January 1 and April 1st of the respective year. They are to be returned to the Humility of Mary Health Partners Organizational Education Department, 1044 Belmont Avenue, PO Box 1790, Youngstown, OH 44501-1790; phone number 330-480-2027.
- Annual scholarships are awarded for the coming school year only, starting in August and expiring in August of the following year.
- All applications and related information will be reviewed by a special Scholarship Selection Committee comprised of: Humility of Mary Health Partners Nursing Administrators, representatives from the Human Resources department and the Organizational Education department, and members of the Humility of Mary Health Partners Development Foundation. This committee will select and recommend the scholarship recipients. A letter will be sent to all applicants advising them of the final status of their requests.
- The Foundation Board of Directors is the granting authority for each scholarship after reviewing the recommendations from the Scholarship Selection Committee. The Board's decisions are final.
- Scholarships will be granted annually and will be awarded under the name of the respective donor.
- Each annual scholarship can be applied toward tuition, instructional materials, and fees.
- Scholarship funds are retained in special, restricted accounts which are administered by the respective foundation.
- Scholarship monies, when awarded, will be deposited at the Mercy College. The scholarship recipient can draw as needed from this special account which will be in his/her name. Any scholarship monies not used within the respective school year will be returned to the Foundation.
- Scholarship applications can be obtained from the Humility of Mary Health Partners Organizational Education department.
- Scholarship consideration is available for all individuals who are enrolled in the St. Elizabeth Campus Associate Degree in Nursing Program.

APPLICATION  
FOR  
**HUMILITY OF MARY HEALTH PARTNERS DEVELOPMENT FOUNDATION  
NURSING SCHOLARSHIPS**

AT  
**MERCY COLLEGE OF NORTHWEST OHIO ST. ELIZABETH CAMPUS  
ASSOCIATE DEGREE IN NURSING PROGRAM**

- NOTES:** 1) FOR SCHOLARSHIP CONSIDERATION, THE APPLICANT MUST ALREADY BE ENROLLED IN THE ST. ELIZABETH CAMPUS PROGRAM.
- 2) PLEASE REFER TO THE SCHOLARSHIP INSTRUCTIONS FOR PERTINENT INFORMATION ABOUT THE SCHOLARSHIP PROGRAM.

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Applicant's Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Home Phone No. \_\_\_\_\_

Applicant's Social Security No. \_\_\_\_\_

Applicant's Approved Start Date \_\_\_\_\_  
In Associate Degree Program  
On the St. Elizabeth campus

Are you currently working as an HMHP employee? \_\_\_\_\_yes \_\_\_\_\_no  
If yes, # of hours per week, start date, and in what position?  
\_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

Please list all previous educational programs you have attended and diplomas or degrees obtained.

	Name and location of institution*	Dates Attended	Diploma or Degree Awarded**	G.P.A. ***
High School				
After High School				
“				
“				
“				

\* Please have an official transcript of grades sent prior to April 1st from the institution last attended. The transcripts must be sent directly to Kathy Pieton/ Organizational Education Department, St. Elizabeth Health Center, 1044 Belmont Avenue/PO Box 1790, Youngstown, Ohio 44501-1790. If transcripts are not received prior to April 1st, the scholarship application will not be processed.

\*\* If a degree/diploma was not obtained, list number of credit hours earned.

\*\*\* This means grade point average.

**LETTERS OF RECOMMENDATION:**

Please attach two letters of recommendation (do not include family members)

- One letter from a previous teacher or professor regarding your scholastic abilities.
- One letter from an individual regarding your character and specific noteworthy accomplishments.

These letters must accompany the application. Failure to provide the letters will disqualify the application.

EDUCATIONAL OBJECTIVE:

Why is an associate degree in nursing of importance to you (limit to 300 words or less).

STIPULATIONS

I understand that if I receive a scholarship, it is for use during the respective school year only at Mercy College of Northwest Ohio St. Elizabeth Campus Associate Degree in Nursing Program.

I understand that I must attend the awards ceremony in order to receive my scholarship.

I understand that scholarships are granted to scholastically deserving individuals.

I understand that the decision regarding my scholarship application by the Humility of Mary Health Partners Development Foundation is final.

I understand that the Humility of Mary Health Partners Development Foundation reserves the right to limit the number and size of scholarships.

I acknowledge that to be eligible for a scholarship I must meet all the listed requirements.

I certify that the information in this application is true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

***Applicant:***

***Please Do Not Fill Out Information Below This Line***

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FOR INTERNAL USE ONLY

Date applicant was accepted at Mercy College of Northwest Ohio \_\_\_\_\_  
St. Elizabeth Campus Associate Degree in Nursing Program  
(Date has been confirmed by the school)

Date applicant is to start classes \_\_\_\_\_

Applicant Information Received by the Organizational Education Department:

Completed Scholarship Application \_\_\_ yes \_\_\_ no \_\_\_\_\_ Date Received

Transcript of Grades \_\_\_ yes \_\_\_ no \_\_\_\_\_ Date Received

Letter of scholastic achievement \_\_\_ yes \_\_\_ no \_\_\_\_\_ Date Received

2 letters of individual achievement \_\_\_ yes \_\_\_ no \_\_\_\_\_ Date Received

Scholarship Selection Committee Action:

Date application reviewed \_\_\_\_\_

Committee recommendation \_\_\_\_\_

Recommended amount of scholarship to be awarded \$ \_\_\_\_\_

Specific scholarship name \_\_\_\_\_

Committee chair's approval and date \_\_\_\_\_

Signature

Date

HMHP Development Foundation's  
approval

Signature

Date

Applicant notification date \_\_\_\_\_