

# CHI St. Vincent Scholarship Application for 2018

Please complete the following application, regardless of the scholarship for which you are applying. Many applicants may be eligible for more than one scholarship. You will be considered for any and all scholarships that apply to your field of study.

1. DEADLINE for scholarship applications is **Monday, April 30, 2018 at 5:00 PM. (No exceptions).**
2. Refer to the application process below for eligibility and a list of the required supporting documents (e.g. letters of recommendation, proof of enrollment etc.) Incomplete applications will not be considered.
3. If any question does not apply to you in this application please write "N/A" in the space.
4. Please type or print legibly. Illegible applications will not be considered.
5. You will be notified via mail and e-mail in early June regarding the status of your application.
6. If you have any questions about the application, please call the Foundation office at 501.552.2380.

Coworkers interested in **becoming a nurse** are encouraged to look into one of our accelerated nurse programs at UA Little Rock, Henderson State University and National Park College. Students can earn their ADN, RN, and BSN degrees at [UA Little Rock](#), [Henderson State University](#) and [National Park College](#) with the help of CHI St. Vincent.

**NOTE: Co-workers who received a scholarship in 2017 ARE eligible to apply.**

## **Criteria:**

1. Applicant must be currently employed (full or part-time) at CHI St. Vincent with a minimum of 6 months of employment as of June 30, 2018 or be enrolled in the St. Vincent Radiology school.
2. Applicants must be a budgeted, benefits-eligible employee; PRNs are not eligible to apply.
3. For nursing scholarships, applicant must be enrolled in an accredited health care program for at least six (6) credit hours.
4. For non-nursing, applicant must be currently enrolled in an accredited college/university or technical school for at least six (6) credit hours.
5. Applicant must have at least a 2.8 grade point average (GPA).
6. All recipients agree to remain employed by CHI St. Vincent for a minimum of one year after receipt of funds. The Jones/Johnson Scholarship recipient agrees to a three year commitment.
7. A CHI St. Vincent co-worker may not be eligible for a scholarship if he/she has been on a work improvement plan or final written warning for behavior or performance between July 1, 2017 and June 30, 2018.

**Application Process:** Applicant must submit the following items:

1. Completed application form (if handwritten, please print legibly)
2. Attach college, university or accredited program transcripts (downloaded version acceptable)
3. Two (2) letters of recommendation or references from non-relatives. One should be from a direct supervisor, manager or instructor (For Jones/Johnson Scholarship, second letter should be from nurse leader or physician.)
4. Provide proof of enrollment/registration in college, university or program with summary of hours and tuition amount (downloaded version acceptable)
5. Provide personal essay consisting of no more than 250-300 words.

**Deadline** for application submission is **Monday, April 30, 2018 at 5:00 PM.**  
*Applications received after this will not be considered.*

Please mail, email OR submit application in person to:

## **CHI St. Vincent Scholarship Program**

CHI St. Vincent Foundation

2 St. Vincent Circle

Little Rock, AR 72205

[Stvincentfoundation@stvincenthealth.com](mailto:Stvincentfoundation@stvincenthealth.com)

# CHI St. Vincent Foundation Scholarship Program 2018 Application

Please **type** or **print** your answers. Please complete all blank spaces. If application is illegible or incomplete, it will be considered ineligible.

1.	Last Name: _____	First Name: _____																
	Email: _____	Social Security #: _____																
2.	Mailing Address: Street: _____  City: _____ State: _____ Zip: _____																	
3.	Daytime Telephone Number: (      ) _____																	
4.	Date of Birth:    Month                                  Day                                  Year																	
5.	If employed by CHI St. Vincent, current position at CHI St. Vincent: _____ O Full Time    O Part Time	Number of years employed: _____																
	Service Line/Dept./Unit: _____																	
6.	Current Educational Program: I will be attending the following school in the <u>Fall of 2018</u> : _____  <i>Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds.</i>																	
7.	Current Grade Point Average (GPA): _____ (On a 4.0 scale)  <i>Attach proof of GPA. Your most recent school transcript is required (downloaded version is acceptable).</i>																	
8.	Are you a past CHI St. Vincent Foundation Scholarship Recipient?    ___ Yes    ___ (if so, when?)    ___ No  Are you receiving other financial assistance?    ___ Yes    ___ No  Please give a brief statement of financial need (no more than 100 words).																	
9.	Degree/Certification To Receive: _____  Anticipated Graduation Date (MM/YYYY): _____																	
10.	Are you attending school:    O Full Time    O Part Time	Hours Completed Toward Certification/Diploma/Degree: _____																
11.	List the name of any other college(s) you have attended.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Year Began</th> <th style="width: 15%;">Year Ended</th> <th style="width: 20%;">Year Graduated (If applicable)</th> <th style="width: 50%;">Type of Degree Received (If applicable)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Year Began	Year Ended	Year Graduated (If applicable)	Type of Degree Received (If applicable)												
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	A.																	
	B.																	
	C.																	

CHI St. Vincent Foundation Scholarship Program 2018  
Application

Name: \_\_\_\_\_

12.	List any academic honors, awards and membership activities:
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13.	List your community service activities, hobbies, outside interests, and extracurricular activities:
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14.	<p><b>Personal Essay (each essay should not exceed 300 words)</b> Applicants, please respond to the following essay questions. <b>Attach essay to your completed application.</b></p> <p><i>How have you made a positive impact on patient experience? Please provide a specific example.</i></p> <p><b>ATTN: Jones/Johnson applicants must complete this essay question IN ADDITION to the question above: Why are you pursuing an advanced degree and what do you hope to accomplish with it?</b></p>
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15.	<p>A. The following items must be attached to this application in order for the application to qualify to be reviewed by the Scholarship Committee.</p> <p>B. Your application will be ineligible and returned to you if these items are not attached to this application.</p> <ul style="list-style-type: none"><li>• <b>Two (2) reference letters.</b> Return these in <u>individual sealed envelopes</u> from the source.</li><li>• <b>Proof of student enrollment/registration with summary of classes and tuition</b></li><li>• <b>Most recent college transcript (downloaded from college web site is allowed) where applicable</b></li><li>• <b>Personal Essay (2 essays required of Jones/Johnson applicants)</b></li></ul>
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**STATEMENT OF ACCURACY**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Foundation's scholarship program. If I accept the CHI St. Vincent Foundation scholarship, I hereby declare that I intend to remain employed within the system for a period of one year after receipt of the funds/three years for Jones/Johnson Scholarship. If I do not satisfy this condition, I understand I become responsible for immediate repayment of scholarship monies.

Signature of scholarship applicant: \_\_\_\_\_ Date: \_\_\_\_\_