

Health Care Career Scholarship Program

APPLICATION FORM

Application Deadline: Submitted by 4:30 p.m., Friday, May 18, 2018

The Nebraska Hospital Association Research and Educational Foundation (NHAREF) health care career scholarship is a competitive process and all eligible applicants will be evaluated against a standardized scoring system. All eligible applicants may not receive funding. It is the applicant's responsibility to ensure that all components of the application are complete. Incomplete or applications received after the deadline will be deemed ineligible. Please refer to the application checklist on the last page of this application form.

Please print or type

STEP 1: SCHOLARSHIP SELECTION

Indicate the graduate or undergraduate degree program and the college or university to which you are currently enrolled or to which you have been accepted and also indicate the specific named of the program enrolled (i.e. MHA, MBA, MSN, DPh, BSN, Radiologic Technologist Program, Medical Laboratory Technologist Program, etc.) Priority is given to clinical areas of study.

☐ **Graduate Studies Tuition Aid Program** (Specify program name) _____

☐ **Undergraduate Health Care Career Program** (Specify program name) _____

Applicant name

Home telephone number + area code

E-mail

COMPLETE Home address, city, state, zip

STEP 2: EDUCATION RECEIVED TO DATE

College/University attended and location

Dates attended

Hours completed or graduation date

College/University attended and location

Dates attended

Hours completed or graduation date

Degree(s), certification(s) or registration(s) earned

List additional post-high school education if necessary

Have you applied for any other scholarships for this degree? ☐ Yes ☐ No

Have you been awarded an NHA scholarship before? ☐ Yes* ☐ No If yes, what year? _____

*Applicants may only receive one undergraduate scholarship and one graduate scholarship. If you have received an undergraduate scholarship in the past, you may apply for the graduate scholarship.

Health Care Career Scholarship Program

APPLICATION FORM

STEP 3: ENROLLMENT

Applicant name

COMPLETE name of educational institution, including address, city, state, zip

Name of institution contact

Title of contact

Contact telephone number

Academic year applied for

Program start date

Projected graduation date

LETTER OF ACCEPTANCE INTO HEALTH CARE PROGRAM

IMPORTANT! A letter of acceptance is required to accompany this application.

It is the responsibility of the applicant to contact his/her educational institution for this information.

The letter of acceptance must contain verification that the applicant has been accepted into the academic program, including the **applicant's name and student ID number**. It must also contain the **contact name, title and complete address of the office where to send scholarship check should you be selected**. This information is very important to include, as the address where you receive correspondence from may not be the same address where the scholarship check needs to be delivered.

Scholarship monies are sent directly to the educational institution and a complete application will ensure the monies are credited to the recipient's account in a timely manner.

Scholarship funds may be used for student's tuition, fees, books, supplies, equipment or other expenses required for the student's instructional courses during the academic year.

Applications received without this letter of acceptance or not including all required information will be considered ineligible.

STEP 4: EMPLOYMENT

Applicant is employed at an NHA member hospital * ☐ Yes ☐ No (ineligible)

Hire date _____. You must be employed by an NHA member hospital for at least 2 years. (Ineligible if hired after May 14, 2015)

COMPLETE name, address, city, state, zip of employer (NHA member hospital)

Telephone

Name and title of supervisor

*Log on to http://www.nebraskahospitals.org/about_us/member_hospitals.html to view a list of NHA member hospitals.

Health Care Career Scholarship Program

APPLICATION FORM

STEP 5: PERSONAL STATEMENT

Each individual scholarship candidate is reviewed by a committee who assigns points from the categories below based on a **50 point total scoring system on three key areas below**. On a separate sheet, complete your personal statement about your:

1) Personal Statement (25 points possible)

- health care career goals
- decision to work in the health care field

2) Activities (15 points possible)

- extracurricular activities
- community activities
- health care activities

3) References (10 points possible)

- overall ranking of applicant by 3 references
- health care career goals
- decision to work in the health care field

STEP 6: REFERENCES

Please use the enclosed form submitting your references. **Three (3) references are required**, including at least one reference from your hospital administration or a direct supervisor. References should not include family members.

It is the responsibility of the applicant to fill out Section 1 on the Reference Form prior to sending to each reference.

The completed application should be postmarked by 4:30 p.m. on Friday, May 18, 2018.

STEP 7: APPLICANT INFORMATION

Is your application complete? Mail to:

Nebraska Hospital Association Foundation
ATTN: Health Care Career Scholarship Program
3255 Salt Creek Circle, Suite 100
Lincoln, NE 68504-4778

No stapling, please. No special binding or folder is necessary. *Be sure to mail with the correct amount of postage. The NHA will not be responsible to pay any postage amount due upon receipt. Applications will be returned to sender if received with postage due.

Applications must be postmarked by 4:30 p.m. on Friday, May 18, 2018. Applications received after this date or incomplete applications will be deemed ineligible. Questions regarding the application and selection process should be directed to Kim Larson, director of marketing, at klarson@nebraskahospitals.org or call (402) 742-8143.

Applications are reviewed by the NHA Research and Educational Foundation board of directors and scholarship recipients are selected by the end of June each year. Applicants will be notified by the middle of July regarding their status in the selection process. Scholarship monies will be disbursed to the educational institution by the middle of August, with the intention for use beginning with the fall semester.

Health Care Career Scholarship Program

STEP 9: APPLICANT SIGNATURE

I certify that the information contained in this application is true, complete and correct to the best of my knowledge, and that all funds will be used for tuition expenses and academic fees in the current academic year. I hereby authorize the release of personal, scholastic and financial information related to my educational status from any academic institution I have attended in the past and any academic institutions in which I am enrolled currently, to the NHAREF Scholarship Program.

In the event of my resignation from employment at an NHA member hospital prior to selection of the scholarship recipients and the subsequent distribution of the award monies to the educational institution, I accept that I am immediately declared ineligible unless I can supply the NHAREF with documentation of employment at another NHA member hospital.

I authorize _____ do not authorize _____ (check one) NHAREF to release my name, employer and course of study in a press release to Nebraska media outlets if I am awarded the scholarship.

Signature of applicant

Date

CHECKLIST: Is your application complete?

✓ COMPLETE	COMPONENTS
	Currently employed at an NHA member hospital for at least 2 years. (Required for eligibility)
	All sections of the application completed.
	Program acceptance letter received from educational institution.
	Program acceptance letter contains student ID# and the <u>complete</u> institution name, address, contact name and title of where to send award monies if selected.
	Application signed and dated.
	Personal Statement enclosed reflecting personal reason(s) for choosing health care as a career, including professional goals.
	Extracurricular, community or health care activities provided.
	THREE completed reference forms. *Advise your references to let you know when they have mailed reference forms to the NHA. If they return to you, they should be in a sealed envelope.
<p>It is the applicant's responsibility to ensure that all components of the NHA Research and Educational Foundation scholarship application process are complete and all required documents are received by the NHA. This checklist is provided to assist the applicant. Failure to submit a completed application will result in the application being deemed ineligible.</p> <p>It is recommended that you retain a copy of the completed application for your records.</p>	