



SCHOLARSHIP INFORMATION

NAME

Munson Healthcare Charlevoix Hospital Nursing Scholarship

PURPOSE

To provide financial assistance to Munson Healthcare Charlevoix Hospital employees interested in continuing their education in nursing at a Michigan accredited school of nursing.

ELIGIBILITY CRITERIA

- Must be a Munson Healthcare Charlevoix Hospital Employee
- Accepted into and planning to attend a Michigan accredited school of nursing, while employed at Munson Healthcare Charlevoix Hospital
- Cumulative GPA must be in the range of 2.0 – 4.0

SELECTION CRITERIA

- Proof of acceptance into nursing program (copy of acceptance letter)
- A one page personal statement that discusses the applicants' motivation behind attending and succeeding in a nursing program. Applicant must also include how this educational experience will allow them to give back to the hospital and/or hospital service area.
- Two (2) letters of recommendation supporting the applicants' ability to succeed in the nursing program and commenting on their work ethic, one must be submitted from a supervisor within the hospital and the other can be internal or from a non-relative outside of the hospital.
- If applicable, a short explanation indicating special financial circumstances.
- Applicants will be evaluated on their personal statement, letters of recommendation, community involvement and volunteerism, demonstrated leadership ability and any special financial circumstances.

AWARD

One (1) \$1,000 scholarship. The previous year's recipient will be considered for a second year, if no other applicants apply and the previous recipient is still eligible.

SCHOLARSHIP DEADLINE

Applications are due by June 30th (or the next business day, if it falls on a weekend), decisions will be made in early July.

Applicants must submit one original and two copies of all application materials.

Completed application packets and both letters of recommendation must be returned to:

Esther Collis
Munson Healthcare Charlevoix Hospital
Attn: Administration
14700 Lake Shore Drive
Charlevoix, MI 49720



Giving Back. Moving Forward.

**MUNSON HEALTHCARE CHARLEVOIX HOSPITAL NURSING
SCHOLARSHIP APPLICATION FORM**

DUE: June 30 (or the next business day if it falls on a weekend)

Use additional sheets if space provided is not sufficient. All information will be kept strictly confidential.

APPLICANT NAME: _____
Last First Middle Initial

ADDRESS: _____
Street City State Zip

TELEPHONE: _____ E-MAIL ADDRESS: _____

POSITION AT MUNSON HEALTHCARE CHARLEVOIX HOSPITAL: _____

NURSING COLLEGE YOU ARE PLANNING TO ATTEND/ CURRENTLY ATTEND: _____

COURSE OF STUDY: MAJOR _____ MINOR _____

LAST LEVEL / SEMESTER COMPLETED (e.g. sophomore / 2nd semester): _____

CUMULATIVE GPA: You must be in the range of a 2.0 – 4.0 GPA to qualify, are you in that range? ☐ YES ☐ NO

COMMUNITY INVOLVEMENT & VOLUNTEERISM:

List all community involvement and volunteer work you participated in over the past three years. You will also need to include the amount of time that you dedicated to each activity (hours/month and years involved). If you need additional room, please attach your list on a separate sheet.

Organization & Activity	Time Spent

DEMONSTRATED LEADERSHIP:

List all leadership roles held, awards won and any special recognition received regarding your leadership over the past three years. This might include employee of the month, a position held on a committee or board, etc. If you need additional room, please attach your list.

Leadership Role, Award or Recognition	Time in Role/ Date Received

PERSONAL STATEMENT:

In one typed page or less, attach a personal statement that discusses your motivation behind attending and succeeding in a nursing program. You must also include how this educational experience will allow you to give back to the hospital and/or hospital service area.

LETTERS OF RECOMMENDATION:

You must include two (2) letters of recommendation supporting your ability to succeed in the nursing program and commenting on your work ethic. One letter must be submitted from a supervisor within the hospital and the other can be internal or from a non-relative outside of the hospital. Letters can either be submitted with the application, or sent in directly from the recommender to Faye Parrish (as listed at bottom of application) by the application deadline.

SPECIAL FINANCIAL CIRCUMSTANCES:

If applicable, please attach a short explanation indicating any special financial circumstances.

PROOF OF ACCEPTANCE:

Please submit with your application a copy of your letter of acceptance into a Michigan Accredited School of Nursing.

TRANSCRIPT:

Please submit with your application an official copy of your latest academic transcript. This will be used to verify your cumulative grade point average (GPA).

CERTIFICATION:

I certify that the information provided in this application is complete and accurate to the best of my knowledge. Falsification of information will exclude me from scholarship consideration.

Applicant Signature _____ Date _____

DEADLINE:

Completed applications and both letters of recommendation must be received by June 30th (or the next business day if it falls on a weekend)

Applicants must submit one original and two copies of all application materials.

SUBMISSION:

Mail the original application with attachments and two complete copies to:

Esther Collis
Munson Healthcare Charlevoix Hospital
Attn: Administration
14700 Lake Shore Drive
Charlevoix, MI 49720