

NURSING CENTER OF EXCELLENCE SCHOLARSHIP INFORMATION

Purpose

The purpose of this scholarship is to encourage and support those individuals employed at OSF Saint Francis Medical Center who are seeking further educational opportunities.

Submission Deadline for Spring Semester is October 31st

Submission Deadline for Fall Semester is June 15th

***Applicants must reapply EACH semester.**

Submissions Contact: Jill Crawford, DNP, RN, NE-BC, Director of Professional Development, Patient Experience, Nursing Practice and Hospitality

Guidelines

Scholarship

The following criteria must be met by applicants for scholarships:

- Applicant must be employed by OSF Saint Francis Medical Center for a minimum of 1 year; no minimum FTE is required.
- Applicant must be in good standing with an employee rating of 3.0 (solid) or above and no disciplinary action of a Level II or higher on record (Attach completed eligibility form signed by direct supervisor)
- Applicants receiving full tuition waiver, reimbursement, or scholarship for any college are ineligible
- Applicant must demonstrate proof of enrollment in a BSN, MSN, or Doctoral Nurse program at an accredited college or university
- Applicant must demonstrate strong academic achievement as evidenced by maintaining a cumulative grade point average of 3.0 on a 4.0 scale
- Applicant must agree to continue employment at OSF Saint Francis Medical Center or one of its entities for one (1) continuous year after award receipt. If employee breaches this agreement, or is terminated at any time prior to completion of the 1 year of continuous employment as required by this agreement, he or she shall repay the amount paid by OSF Saint Francis Medical Center in full within 7 days of demand.

Persons NOT Eligible:

- Have received the scholarship for three (3) semesters or a total of \$2000, whichever comes first.

Application requirements:

- A completed application form
- A scholarly essay (maximum of 500 words):
 - outlines their career goals
 - explains how the obtainment of this degree will be of benefit to the organization
 - identifies the correlation between the strategic priorities of the organization and their role
- Three professional or academic letters of recommendation. One letter must be from the applicant's current supervisor.
- Be available to interview with the Selection Committee as part of the final selection process if necessary

Additional:

- Willingness to participate in scholarship recognition and publicity activities
- Allow use of story in marketing and publicity campaigns for the scholarship program
- Participation in recognition events for scholarship donors*

***All decisions made by the Sister M. Canisia Gerlach Scholarship Committee are final and not subject to appeal.**

SCHOLARSHIP APPLICATION

Name:

Address:

City:

State: _ **Zip:** _

Phone:

Name of School:

School Address:

City: _ **State:** **Phone:** **Zip:** _

Degree Pursuing:

Expected Graduation Date:

Current GPA (Supporting Document Required):

Employment History

Current Employer	OSF Saint Francis Medical Center	Job Title	
Address	530 NE Glen Oak Ave. Peoria, IL 61637	Hours per week	
		Employment Start Date	
Department			
Supervisor Name		Supervisor Phone	

Cont'd

Employer		Job Title	
Address		Hours per week	
		Employment Start Date	
Department			
Supervisor Name		Supervisor Phone	

Employer		Job Title	
Address		Hours per week	
		Employment Start Date	
Department			
Supervisor Name		Supervisor Phone	

Employer		Job Title	
Address		Hours per week	
		Employment Start Date	
Department			
Supervisor Name		Supervisor Phone	

Sister M. Canisia Gerlach, O.S.F. Scholarship

I understand that I am applying for financial assistance for my professional education through OSF Saint Francis Medical Center. I affirm that all information I have provided in this application is accurate and correct. Further, I understand that any false statements made as a part of this application will be considered sufficient cause for denial or financial assistance from OSF Saint Francis Medical Center. I also grant permission for the authorities of this Medical Center to investigate my references and release said Medical Center from any and all liability resulting from such investigation. I also understand that all decisions made by the committee awarding the scholarship are final.

My signature below also indicates the following attachments have been completed and submitted along with this application:

- Proof of enrollment in a BSN, graduate, or doctoral level nursing program at an accredited college or university.
- Evidence of a cumulative grade point average of 3.0 on a 4.0 scale.
- Professional or academic letters of recommendation. One letter must be from the applicant's current supervisor.
- A scholarly essay (maximum of 500 words)

<u>Signature:</u>		Date:
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Please return completed application and signed reference letter(s) to:

Jill Crawford, DNP, RN, NE-BC, Director of Professional Development, Patient Experience, Nursing Practice and Hospitality

Eligibility Form

I _____, verify that
_____, is in good standing
with an employee rating of 3.0 (Solid) or above and no disciplinary action of a Level II or higher on record.

My signature below also indicates that I am the employee's (listed above) current direct supervisor and have completed and signed the eligibility form.

Signature:	
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Date: