

Nelles Nurse Scholarship Program

Application

This program will provide recognition and financial support to student nurses annually in an effort to set the highest healthcare quality benchmarks, and retain outstanding nurses in Montana. To be a Nelles Nurse is a high honor.

Employment Requirements

Scholarships are available to nursing students beginning the second semester of their sophomore year through the final semester of their nursing program. Upon graduation, nurses who have received the scholarship are expected to accept offered full time employment at St. Vincent Healthcare in an acute care setting. The level of financial assistance will determine minimum length of expected employment.

Scholarship Distribution

1. Recipients will receive \$2,500 paid directly to their school each semester, intended to cover tuition and assist with additional school supplies. Financial need is not a criterion for scholarship approval.
2. Following the first semester of funding, recipients must re-submit an official transcript to request funding for their second semester if acceptable academic standards are maintained. An official transcript is expected after each completed semester.
3. Recipients who fail to maintain satisfactory academic progress must return any remaining part of their scholarship immediately.
4. Recipients who discontinue their employment with St. Vincent Healthcare prior to completing their expected term of employment are expected to return the corresponding amount of funds immediately. (An individual who works half of the agreed upon term must return half of the funding.)
5. Scholarship amounts and corresponding forgiveness employment terms:
 - \$2,500—1 year fulltime service in an acute care setting.
 - \$5,000—2 years
 - \$7,500---3 years
 - \$10,000 and above----4 years



Sisters of Charity of Leavenworth Health System

Eligibility to Apply

1. Students must be entering at minimum their second semester sophomore year of a Baccalaureate or a Masters Nursing program.
2. Students must show proof of enrollment in an accredited Baccalaureate or Masters Nursing program. Baccalaureate students must also provide proof of placement into upper division
3. Students must submit an **official** transcript of studies showing a current GPA of 3.0 or greater.

How to Apply

1. Application packets are available at St. Vincent Healthcare Human Resources Department or on-line at www.svfoundation.org.
2. Applications must be received by **April 1st** for fall semester consideration and by **November 15th** for spring semester consideration.
3. Late or incomplete applications will not be considered.

Recipient Selection

1. The Nelles scholarship committee will review the applications to determine the most qualified candidates.
2. If needed applicants may need to be interviewed. Applicants are responsible for their own interview expenses. Interviews may be in person, by video-conferencing, or by phone.
3. Funds are limited. Meeting eligibility requirements does not guarantee that an applicant will receive assistance.
4. Recipients will be notified of acceptance in writing with the expected term of employment defined.
5. Funds will be sent directly to the University or College of enrollment.
6. Scholarship awards may be considered taxable income to you per IRS regulations. You are encouraged to talk with Human Resources to discuss in further detail. You are also encouraged to talk with a tax advisor to determine how any scholarship award may impact you.

Checklist of Application Documents

All applicants must include:

- Application Form
- Letter of Intent (1 page or less) that answers the following:
 1. Why you chose to go into nursing.
 2. Identify strengths you will bring to the organization.
 3. What are your career goals in the next 5 years?
 4. What motivates you the most?
 5. Identify any additional skills/talents that should be considered.
- Cumulative GPA 3.0 or above, include a copy of official transcript.
- Faculty Recommendation Form (included in packet) from most recent instructor. (Must meet or exceed standards.)



1233 N. 30th Street, Billings, Montana 59101
1.800.237.9008

NELLES NURSE SCHOLARSHIP APPLICATION FORM

Part I—PERSONAL INFORMATION

Soc. Security # LAST NAME FIRST MIDDLE

Street Address Apt. #

City State Zip Code

Telephone Home Work

E-Mail Address _____

Part II—PROGRAM INFORMATION

Name & address of instructors to be contacted for references:

1. _____
2. _____
3. _____

College or University currently attending: _____

Anticipated date of completion of nursing program: _____

Applicable work history

Part III—Certification and Release

I certify that the information set forth in this application is true and complete to the best of my knowledge. I understand that if accepted into this program, the falsification or willful omission of information on this application, shall be considered sufficient cause for my removal from the program. I consent to and authorize SVH to request any information concerning my previous employment or academic record as indicated on this application. I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing such job or academically related information.

Signature of Applicant

Date



Please Return To:
Human Resource Department
Attn: Christi Beals, RN
1233 North 30th Street
Billings, Montana 59101

Nelles Nurse Scholarship Program Application



Faculty Recommendation Form

To: _____
Faculty/Clinical Instructor

_____ has applied with St. Vincent Healthcare for the Nelles Nurse Scholarship Program. In our efforts to consider this individual, we would appreciate you furnishing the information requested below. Your prompt response to this inquiry will be most helpful and will be held in strict confidence.

Please rate this student in the following areas using this rating grid:

- 5 = Outstanding
- 4 = Highly Competent/Strongly Present
- 3 = Competent/Moderately Present
- 2 = Needs Improvement
- 1 = Unacceptable
- NA = Unable to access

Attendance 1 2 3 4 5 NA

- No more than 2 absences from clinical
- No more than 2 times arrived late for clinical

Positive Work Habits

- Demonstrates mature and professional attitude 1 2 3 4 5 NA
- Flexible—modifies course of action as needs or priorities change 1 2 3 4 5 NA
- Completes assigned work on time without asking for extensions or exceptions 1 2 3 4 5 NA
- Demonstrates responsibility and accountability 1 2 3 4 5 NA
- Demonstrates pride in work setting 1 2 3 4 5 NA
- Complies with policies 1 2 3 4 5 NA
- Demonstrates dependability 1 2 3 4 5 NA

Interpersonal Relationships

- Works well in teams 1 2 3 4 5 NA
- Willing to consider a variety of viewpoints 1 2 3 4 5 NA
- Demonstrates tact and sensitivity when dealing with others 1 2 3 4 5 NA
- Shares credit for team accomplishments 1 2 3 4 5 NA

Communication Skills

- Articulates views in a concise and understandable manner 1 2 3 4 5 NA
- Is a receptive listener; shows interest and understanding 1 2 3 4 5 NA
- Asks questions which clearly define the information being sought 1 2 3 4 5 NA
- Communicates clearly in writing 1 2 3 4 5 NA
- Demonstrates congruent verbal and nonverbal communication 1 2 3 4 5 NA
- Expresses abstract ideas in concise and understandable terms 1 2 3 4 5 NA

Critical Thinking

- Demonstrates an ability to use problem-solving techniques 1 2 3 4 5 NA
- Uses available resources to aid in solving problems; seeks other opinions 1 2 3 4 5 NA
- Generates more than one alternative to solving a problem 1 2 3 4 5 NA
- Gathers data and asks questions to avoid making assumptions about situations 1 2 3 4 5 NA
- Follows up on outcomes of chosen solutions to provide feedback for future decisions 1 2 3 4 5 NA

Clinical Competence

- Based on your course indicators 1 2 3 4 5 NA

Additional Comments:

Based on my observations of this student in an academic/clinical nursing setting, I would recommend this student for this Scholarship Program and for employment after graduation.

_____Yes

_____No

Faculty/Clinical Instructor:_____

Date:_____

THANK YOU FOR YOUR COOPERATION

PLEASE RETURN TO:
St. Vincent Healthcare
Human Resource Department
Attn: Christi Beals, RN
1233 North 30th Street
Billings, MT 59101



DISCLOSURE AND AUTHORIZATION FORM

St Vincent Healthcare-Montana will procure a consumer report and/or investigative consumer report on you in connection with your employment application. ChoicePoint, or another consumer reporting agency, will obtain the report for the Company. The report will contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include but are not limited to: social security number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, personal and professional references checks, licensing and certification checks, etc. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

The following information is for identification purposes only. Please print clearly in Black Ink!			
Name: Last	First	Middle	
List all other names used in the last 7 years:			
DOB:	Social Security #:	Phone #:	
Drivers License Number:	State issued:		
Current Address:			
City:	State:	Zip:	
Address History - Please list the city, state, and zip you have lived or worked in for the past 7 years with approximate dates:			
Dates:	City:	State:	Zip:
Dates:	City:	State:	Zip:
Dates:	City:	State:	Zip:
Email Address:			

By my signature below, I also authorize the disclosure of information concerning my employment history, earnings history, education, vehicle history and standing, criminal history, and all other information deemed pertinent by the consumer reporting agency to the agency by the following: past or present employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; credit bureaus; and, motor vehicle records agencies.

Signature: _____

Date: _____



Sisters of Charity of Leavenworth Health System

HUMAN RESOURCES PERSONAL REFERENCE

For Office Use Only Coordinator: Date Sent:

Applicants Name: _____

SS#: _____

Postion: _____

=====

Contact: _____

Phone: _____

Contact: _____

Phone: _____

Contact: _____

Phone: _____

Applicant Signature: _____

Date: _____

*Please do not use family as a reference