



SCHOLARSHIP APPLICATION | 2023 - 2024 ACADEMIC YEAR

Nursing Scholarship

Deadline for applications is **November 1, 2023**.

Interviews are expected to take place between **November 10-21, 2023**.

Scholarship Acceptance Ceremony is on **December 13, 2023**.

Late or incomplete applications will NOT be considered.

What is the Good Samaritan Nursing Scholarship?

- The vision of this scholarship program is to identify and cultivate the next generation of nursing leaders within our community.
- Funded by Good Samaritan, this nursing scholarship is payable to the individual recipient. The recipient is then allowed to utilize funds at their discretion in support of their successful completion of their degree from an accredited school of nursing. The scholarship award will be taxable income for the recipient.
- Beginning in the fall of their final year of nursing education, this scholarship is intended to support future nursing leaders as they achieve their educational objectives, nursing licensure, and career goals in nursing at Good Samaritan.

What are the requirements of the scholarship program?

- Interested applicants must be entering their final year of nursing education in the fall, and must be in good standing with an accredited school of nursing.
- The scholarship candidate will, at the time of application, have a GPA of 3.2 or higher.
- The scholarship candidate will graduate either December 2023 or May 2024 and be eligible to take the NCLEX exam.
- As part of the program, the future nursing professional must sign an agreement to remain employed at Good Samaritan as a Registered Nurse in a direct patient care area full time for a period of two (2) years from passing RN boards.
- If separation of employment occurs before the 2-year obligation is met, the entire scholarship amount must be repaid to Good Samaritan Human Resources.

What are the scholarship benefits?

- An amount of \$10,000, granted to each scholarship recipient to assist with successful completion of his/her nursing curriculum.
- Paid entrance to one NCLEX Review Class.
- Paid exam fee to one State Board of Nursing Licensure Examination
- Full time Nursing position at Good Samaritan focusing on critical shortage areas.
- Individualized nursing orientation and unit orientation with preceptor.
- Post-employment opportunities for specialty certification and ongoing continuing education.

Full Name: _____

Home Address: _____
(City) (State) (Zip Code)

Phone Number: _____ **Email:** _____

Marital Status: Single Married **Gender:** Male Female

Date of Birth: _____ **Spouse's Name:** _____

Nursing Program / School: _____

Anticipated Graduation Month and Year: _____

If space provided in any section is inadequate, you may continue on additional sheets of paper using the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included in all attachments.

The student is responsible for submitting all materials to Good Samaritan Human Resources by identified time frames. Incomplete applications will not be evaluated. This application becomes complete and valid only when Good Samaritan Human Resources has received all of the following materials:

Application Checklist _____

Student Application (This packet must be submitted online or emailed).

Email: Tara Ellermann
tellermann@gshvin.org

Mail: Good Samaritan Human Resources
Attention: Tara Ellermann
520 S. Seventh Street
Vincennes, IN 47591

Current Official Transcript
(Can be mailed or electronically requested).

Student Clinical Performance Evaluation Form
(Last page of application. Form must be signed by student and sent to instructor).

Work Experience

List your work experience during the past four years. Indicate dates of employment for each job and approximate number of hours worked each week.

Present or Last Employer: _____

Address: _____
(City) (State) (Zip Code)

Phone Number: _____ **Start Date:** _____ **End Date:** _____

Name While Employed: _____

Job Title: _____ **Supervisor's Name:** _____

Summary of Duties: _____

Reason for Leaving: _____

Present or Last Employer: _____

Address: _____
(City) (State) (Zip Code)

Phone Number: _____ **Start Date:** _____ **End Date:** _____

Name While Employed: _____

Job Title: _____ **Supervisor's Name:** _____

Summary of Duties: _____

Reason for Leaving: _____

Distinguishing Qualities

Please describe any characteristics about yourself that you feel distinguish you from your peers. Please do not repeat information that is included elsewhere in this application.

Activities, Awards and Honors

List all school activities in which you have participated during the past four years (e.g. student government, music, etc). List all community activities in which you have participated without pay during the past four years (e.g. Boy / Girl Scouts, hospital volunteer, etc.). Note all special awards, honor and offices held. Indicate whether high school or college activities.

ACTIVITY	NUMBER OF YEARS PARTICIPATION	SPECIAL AWARDS, HONORS	OFFICES HELD

Goals and Aspirations

Provide a statement or summary of your plans as they relate to your educational and career objectives and long-term goals. (Please attach a separate page if additional space is needed).

Transcript Information

An official transcript of grades must be sent with this application. Must be official; can be mailed or sent online by electronically requesting an eTranscript.

Mailed

Sent Online

Mailed transcripts should be addressed to:

Good Samaritan Nursing Scholarship
Attn: Tara Ellermann
520 S. Seventh Street
Vincennes, IN 47591

Online transcripts must be ordered and sent to Tara Ellermann at tellermann@gshvin.org.

Background

Have you ever been convicted of a crime excluding minor traffic violations? If yes, please list the conviction date, court, location and type of offense.

Yes

No

Please Read and Sign

I voluntarily authorize Good Samaritan to make a thorough preemployment investigation, including a limited criminal history background check for the purpose of qualifying for a Good Samaritan Nursing Scholarship. I understand that I have the right to obtain a copy of that report at my own expense and to challenge any information that I believe to be inaccurate. I hereby authorize former and present employers and others to provide or verify any information they have regarding my employment or me and release them from any liability for furnishing such information to Good Samaritan. I understand that scholarship qualification and employment is contingent on satisfactory outcomes of reference and background checks.

The information in this document that I have provided is true and complete, and I have met the eligibility requirements of the program as described. False statements on this scholarship application and employment-related documents shall be considered sufficient cause for denial of scholarship qualification. Falsification of information may result in termination of any scholarship granted upon discovery of such falsification. If I receive a Good Samaritan Nursing Scholarship and an offer for employment, I agree to have a medical evaluation and understand that any subsequent employment is contingent upon passing that evaluation. As an employee, I agree to take such future medical evaluation as may be lawfully required by Good Samaritan. If I am employed, I understand that I may be required to work weekends, holidays and overtime and hereby agree to do so. I agree to accept a temporary shift or unit change whenever emergency conditions warrant. If employed, I agree to abide by the policies, procedures and rules of Good Samaritan and the department to which I am assigned.

I further agree to protect the confidentiality and privacy of any information regarding Good Samaritan and its patients. I acknowledge that decisions of Good Samaritan and its Selection Committee are final. This application and its attachments become the property of Good Samaritan *(It is recommended that you keep a copy for your files.)*

*Applicant's Signature for Good Samaritan Nursing Scholarship
and Employment Application Records*

Date

Student Authorization for Release of Information _____

I hereby request and authorize you and your institution to provide the information requested and release you and your institution from any liability resulting therefrom. All information provided to Good Samaritan will be held in confidence and used for the specific purpose of the Good Samaritan Nursing Scholarship.

Student Name: (Please Print) _____

Student Signature: _____ Date: _____

Student Performance Evaluation (To be completed by nursing faculty) _____

School of Nursing: _____ Instructor: _____

Please use a scale of 1 to 5 (1 = Unsatisfactory, 5 = Excellent) to rate the student on the following performance criteria.

_____ Attendance

_____ Organizational Skills

_____ Initiative

_____ Integrity

_____ Quality of Work

_____ Cooperation

_____ Attitude

_____ Relationship with Others

_____ Teamwork

_____ Communication Skills

Comments / Strengths / Areas for Improvement

I would recommend this student for the Good Samaritan Nursing Scholarship: Yes No

If no, why not: _____

Faculty Signature: _____ Date: _____

Printed Name: _____

Submit this release of information and evaluation form to:

Mail: Good Samaritan Human Resources | Tara Ellermann | 520 S. Seventh Street, Vincennes, IN | 47591

Email: Tara Ellermann | tellermann@gshvin.org

If you have any questions, please contact Good Samaritan Human Resources at 812-885-3373.