



2019 SMJH Nursing Scholarship Request: BSN
(New Requests Only; Continuing Students please contact Marsha Andes)

This is to request funds up to the BSN program maximum of \$20,000.00 for tuition and book expenses.

- **Scholarship consideration requests will be accepted on a rolling basis throughout 2019.**
- Scholarships cannot be retroactive. Classes that are taken during the scholarship application process can be submitted for reimbursement if the scholarship is approved. Classes taken PRIOR to applying for the scholarship are not eligible for reimbursement from the scholarship fund.
- Scholarship Consideration Requests need to be submitted to Johnsa Morris, CNE; Box G246, or to Jessica Partain, in the Administration office. Please make a copy of the completed application, then hand-deliver or send through inter-office mail. **Do NOT rely on others to submit this for you.**

Minimum Requirements:

- **Applicant must be a REGULARLY SCHEDULED part time employee working at least 16 hours per week while attending classes. PRN and temporary employees are not eligible for this scholarship.**
- Current employee in good standing for at least six months prior to request.
- Must have completed Department Orientation AND have your manager’s recommendation.
- Have and maintain at least a ‘Solid Performer’ employee performance review rating throughout the time on scholarship and continue to serve on a Sentara Martha Jefferson Hospital committee, council or Shared Governance council.
- Must obtain a grade of C or better. If you are unable to obtain a C or better, then you will be required to reimburse the hospital for the cost of tuition, books, and fees related to the course(s).
- Must sign a scholarship agreement with Sentara *Martha Jefferson Hospital*.

A. REQUIRED DOCUMENTS TO BE SUBMITTED WITH APPLICATION: Incomplete applications will be rejected	
<input type="checkbox"/>	BSN Scholarship Consideration Request, ALL fields completed and signed
<input type="checkbox"/>	Acceptance Letter from Accredited School (CANNOT be a conditional/provisional acceptance letter)
<input type="checkbox"/>	Proof of Enrollment in Classes

B. APPLICANT TO COMPLETE: (Please complete ALL fields; incomplete applications will be rejected.)		
Name:		Date:
Home/Mailing Address:		
Phone Number: (C)	(H)	(W)
Personal Email Address (non-Sentara):		
Current Job Title:		Unit/Dept.:
Current Degree: <input type="checkbox"/> None/Non-nursing <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> Other _____		
School*: <i>*Must be accredited through the National League for Nursing Accrediting Commission (NLNAC) or Commission on Collegiate Nursing Education (CCNE)</i>		
Have you been accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No
When did you start taking classes at this school? (MM/YY)		
Estimated Completion Date of Program (MM/YY)		
Estimated <u>Total</u> Cost of Program (books and tuition) \$		
Requested Amount \$		
<i>Some scholarship monies have special qualifications.</i>		
Were you born in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you receive your ADN/RN from PVCC: <input type="checkbox"/> Yes <input type="checkbox"/> No		

C. SUPPORTING STATEMENTS:

Short statement explaining why you are interested in the program of study and your academic goal:

D. LEADERSHIP ACTIVITY:

List of committees, councils or Shared Governance participation (past or current)

E. EMPLOYEE ACKNOWLEDGEMENT:

The nursing scholarship agreements are with employees, the nursing scholarship recipients, and Sentara **Martha Jefferson**. The scholarship agreements are not with Sentara Healthcare.

Accepting scholarship funds may result in a taxable event, and a tax advisor should be consulted.

Funds for scholarships are provided from the Haden Institute for Nursing Excellence and Innovation through the Martha Jefferson Hospital Foundation. The funds that are providing the tuition were raised through local philanthropy, and the donors were promised that the funds raised here will remain here in the Charlottesville Community. As such, the agreements stipulate that the recipients will remain with Sentara **Martha Jefferson** for the required time as indicated by the table below, with Sentara **Martha Jefferson** as their PRIMARY employer after graduation/completion of the program.

Transferring to another Sentara facility DOES NOT fulfill the obligation (detailed below) to remain employed at Sentara **Martha Jefferson**.

“I acknowledge and understand the nursing scholarship agreement is with Sentara Martha Jefferson and that I must remain an employee at Sentara Martha Jefferson for the required time-frame for the required number of hours (per the table below) after completion of the program.”

Employee Signature: _____ Date: _____

MINIMUM Employment Requirements after Graduation:

<u>TOTAL Scholarship Funds Disbursed</u>	<u>Minimum Hours Per Week</u>	<u>Months Commitment</u>
Up to \$8,999.99	24 hours	24 months
\$9,000 to \$14,999.99	36 hours (Full Time)	24 months
\$15,000.00 - \$20,000.00	36 hours (Full Time)	36 months

F. MANAGER/DIRECTOR TO COMPLETE:

	YES	NO	COMMENTS
SMJH tenure is 6 months and no disciplinary actions			
Regularly scheduled part time for a minimum of 16 hours/week			
Department Orientation completed			
Enrollment in an approved program			
Actively engaged in a Leadership Activity*			
Last Performance Review	Date:		Rating:

*Leadership Activity: Participate in a department or hospital council, serve as a department champion, or other leadership activity.

G. MANAGEMENT SIGNATURES:

MANAGER: _____ Date: _____

Recommend: Yes No

Comments:

DIRECTOR: _____ Date: _____

Recommend: Yes No

Comments:

F. FOR MARTHA JEFFERSON FOUNDATION USE ONLY:

CHIEF NURSE EXECUTIVE: _____ Date: _____

Recommend: Yes No

Comments: