

Wabash General Hospital
Mt. Carmel, Illinois

SCHOLARSHIP PROGRAM

SCHOLARSHIP STUDENT:

1. Prerequisite for entrance into the program is as follows:

Good standing at WVC
Completed application
Cumulative GPA of 3.0 or above
Resident of Wabash County for minimum of 1 year or a hospital employee for six months
Provide two letters of recommendation
Provide signed "Release of Information"
The student is encouraged to take the LPN exit and boards.
2. The student has the opportunity to work for WGH while going to school.
3. If the work option is chosen, the student must be willing to work every other weekend and follow Nursing Policy and Procedure regarding holiday scheduling (3 holidays out of the year, Christmas Eve, Christmas Day, New Year's Eve, and New Year's Day rotation) plus working on school breaks as needed. The student will be on PRN or part-time status while attending school.
4. As an employee, the student is subject to low census days as is every other employee in nursing.
5. No more than 2 years (per participant) will be allotted for this Educational Program, excluding support programs.
6. A limit of two (2) student nursing scholarships will be allowed a year for active attendance at Wabash Valley College or other Illinois Eastern Community College.

HOSPITAL

1. Wabash General Hospital will make reasonable accommodations to allow the student to pursue his/her registered nurse training while actively (PRN or part-time) employed at Wabash General Hospital.
2. Wabash General Hospital will pay for tuition, books, and testing fees related to completion of the Associates Degree in Nursing.

We encourage the maintenance of a 3.0 GPA. When an individual fails to maintain a 2.0 GPA, they will be placed on probation the semester following this change in GPA. Each case will be reviewed by the Scholarship Committee on an individual basis for continued enrollment in the

Scholarship Program. Failure to pass the RN Boards will also be cause for the student to have a repayment responsibility to WGH. The participant agrees to make arrangements to reimburse Wabash General Hospital within 30 days of termination of the nursing program or within 30 days of being notified that he/she had not passed state boards after 3 attempts.

The payback of any monies to Wabash General Hospital for those either failing to complete the program or being removed for whatever reason, will be based on individual circumstances for a payback period of not less than 30 days nor more than 24 months.

A copy of the participant's class schedule must be submitted when received and a copy of the transcripts, within one week of receipt, will be required after each semester to ascertain GPA.

Upon graduation with an Associated Degree in Nursing participant will work full-time at Wabash General Hospital for a period of not less than 24 months, or part-time to the equivalent of 2 years of full-time employment. Should the participant quit or be terminated before the required 24 month work period is over, the participant must reimburse Wabash General Hospital on a pro-rated basis, for the scholarship.

RELEASE OF INFORMATION

I, the undersigned, hereby apply for Wabash General Hospital's Nursing Scholarship Program.

I am currently enrolled in the Nursing Program at an IECC campus.

I hereby authorize all educational institutions, individuals, companies and their representatives to supply any information regarding my qualifications and previous employment and release them all from related liability.

I understand that an annual evaluation of my educational progress will be conducted.

The facts set forth in this application are true and complete. I understand that false statement and misrepresentations or omission of facts will be sufficient cause for cancellation of the nursing scholarship.

I agree to work full-time for Wabash General Hospital for a period of 24 months after graduation or reimburse the hospital on a pro-rated basis.

I agree that I have read and understand the above acknowledgements and agreements and recognize all of the above as conditions for the scholarship program.

Signature: _____

Date: _____

References:

Name

Phone

I (print name) _____ hereby state that the information provided in this application is accurate and truthful. I have read the Wabash General Hospital Scholarship and Educational Assistance Policy and hereby agree to the terms and conditions set forth within. I also hereby give permission to Wabash General Hospital District, 1418 College Drive, Mt. Carmel, IL 62863, to obtain results of my achievement and aptitude tests, a copy of my current transcripts of credits, copies of Pell, MAP and any other grant applications and awards received plus any information needed to consider my application and administer payments to me under the scholarship and educational assistance program.

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Required Attachments:

1. Proof of enrollment (if already obtained).
2. Statement from college showing estimated costs for tuition, books and fees to complete the education program. If applicable, attach a copy of fees payable for state license certification exam.
3. Copies of financial assistance applications such as Pell Grant, ISSC, MAP Grant, etc.
4. Two letters of recommendation.
5. Letter to the Scholarship Committee expressing why you are interested in joining the WGH family.

Scholarship Award Authorization

Administrator: _____ Date: _____

Scholarship Committee: _____ Date: _____