

ST. TAMMANY HEALTH SYSTEM NURSING AND ALLIED HEALTH SCHOLARSHIP APPLICATION

Section A-Eligible Applicants

Eligible Applicants shall mean any individual who is admitted to or is engaged in the study of Nursing or Allied Health at an accredited school of Nursing or Allied Health located in the United States, and who intends to fulfill the Employment Commitment with STHS.

Section B-Scholarship Eligibility Criteria

Nursing Students

1. Be enrolled as a full-time (9 hours for 16-week semesters, 7 hours for 10-to 12-week semesters, or 5 hours for 8-weeksemesters) undergraduate nursing student in good standing at the Program.
2. Have completed at least the first semester of nursing clinical coursework toward an associate or bachelor's degree that qualifies the graduate to take the NCLEX-PN or NCLEX-RN.
3. Maintain a 2.75 minimum cumulative grade point average (grades in nursing-specific courses will also be reviewed).
4. Return to STHS and fulfill the Employment Commitment as specified in the Scholarship Contract following graduation.
5. Participate in one or more interviews with representatives from the Program, STHS Nursing Leadership and/ or STHS Human Resources.
6. Each selected Recipient shall sign a written Scholarship Agreement with STHS which establishes the terms and conditions upon which the Scholarship shall be granted to the applicant, the Employment Commitment, and repayment obligations for any breach.

Allied Health Students

1. Be enrolled as a full-time or part-time Allied Health Student in good standing.
2. Maintain a 2.5 minimum cumulative grade point average.
3. Return to STHS and fulfill the Employment Commitment as specified in the Scholarship Agreement following graduation.
4. Participate in one or more interviews with representatives from the Program, STHS Leadership and/ or STHS Human Resources.
5. Each selected Recipient shall sign a written contract with STHS which establishes the terms and conditions upon which the Scholarship shall be granted to the applicant, the Employment Commitment, and repayment obligations for any breach.

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Section C-Applicant Contact Information

Name: _____

Address: _____

Telephone No.: _____

Email: _____

Date of Birth: _____

Academic Year: _____

School Attending: _____

CHECKLIST: Before you return your application package, please verify that you have enclosed the following documentation. Incomplete applications will be disqualified and will not be reviewed.

Check each item to verify completion:

____ Completed Application

Please include the following:

- ____ A personal statement essay, describing career goals and future aspirations (Limit to 300 words).
- ____ Academic transcript (s)–copy/ unofficial transcripts/ score is acceptable
- ____ Documentation of residency (copy of driver’s license, passport, or voter registration)
- ____ Documentation of acceptance to Nursing or Allied Health program
- ____ Documentation of tuition and fees
- ____ Two (2) letters of recommendation (must be in a sealed envelope and signed across the sealed flap).

Applicant Certification: By submitting this Application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to submit proof of information I have provided on this form. Falsification of information may result in termination of any scholarship granted. I hereby certify that I meet the eligibility criteria as stated in Section A and that if awarded the Scholarship, it is my intent to return to STHS for employment for a period specified in the Scholarship Agreement.

APPLICANT SIGNATURE:

DATE: _____

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St. Tammany Parish Hospital Service District No. 1 d/b/a St. Tammany Health System (“STHS” or “System”) Board of Commissioners has established a Scholarship Program to create a sustainable dedicated workforce by increasing educational opportunities available to the Nursing students, Allied Health students and for existing STHS employees who seek to further their education. In return for the Scholarship award(s), Recipient agrees to fulfill an Employment Commitment with STHS.

Definitions:

Allied Health Profession means any generally recognized medical profession or vocation including, but not limited to occupational, respiratory, vocational, physical, and other therapies; medical, radiologic, and other technologists; pharmacists, social workers, athletic trainers, and other similar professions and vocations.

Board means the Board of Commissioners of St. Tammany Parish Hospital Service District No. 1 d/b/a St. Tammany Health System.

Eligible Applicant shall mean any individual who is admitted to or is engaged in the study of Nursing or Allied Health at an accredited school of Nursing or Allied Health located in the United States and who intends to fulfill the Employment Commitment with STHS.

Employment Commitment means the amount of time a Scholarship Recipient shall be obligated to be a full-time employee of STHS.

Nursing means nursing as practiced by an individual who has graduated from an accredited school of nursing, passed the licensing examination and have been issued a license to practice as a registered nurse in this state by the Louisiana State Board of Nursing or a license to practice as a practical nurse in this state by the Louisiana State Board of Practical Nurse Examiners.

Recipient shall mean any Eligible Applicant who satisfies all criteria established by the Board and who has been selected to receive a Scholarship.

Scholarship shall mean the funds remitted on behalf of a Recipient which defray costs of Nursing or Allied Health education as consideration for the Employment Commitment.

Scholarship Agreement shall mean the written document which establishes the terms and conditions upon which the Scholarship shall be granted, the parameters of the Eligible Applicant’s obligation to practice as a full-time Nurse or Allied Health employee with STHS and payment obligations.

Scholarship Commitment shall mean the funds committed by STHS for the Scholarship.

Scholarship Eligibility Criteria shall mean the eligibility criteria established by the Board and as stated herein.

Scholarship Review Committee shall mean the committee comprised of the Senior Vice-President/Chief Nursing Officer, the Senior Vice-President/ Chief Human Resources Officer, and the Director of Nursing Workforce.

Program shall mean the St. Tammany Health System Scholarship Program.

Program Cycle shall mean an academic semester which STHS offers and awards any scholarship pursuant to the guidelines stated herein.