



**ST. TAMMANY HEALTH SYSTEM BOARD OF COMMISSIONERS  
NURSING AND ALLIED HEALTH SCHOLARSHIP PROGRAM APPLICATION**

*The Board of Commissioners of St. Tammany Parish Hospital Service District No. 1, d/b/a St. Tammany Health System ("STHS" or "System"), has established a Scholarship Program for Nursing and Allied Health Students to maintain a sustainable, dedicated workforce by supporting students (including existing STHS colleagues) who seek to further their education in these domains.*

**SECTION A - ELIGIBLE APPLICANTS.** An individual who is admitted to or engaged in the study of nursing or allied health at an accredited school in the United States and who intends to practice nursing or allied health at STHS is eligible to apply for a scholarship. Applications shall be in writing and contain a written statement that the applicant intends to practice nursing or an allied health profession at STHS.

**SECTION B - SCHOLARSHIP ELIGIBILITY CRITERIA FOR NURSING AND ALLIED HEALTH STUDENTS**

1. Be enrolled as a full-time undergraduate nursing or allied health student in a formal education program in good standing.
2. Provide proof of acceptance to a clinical program or clinical program pre-requisites.
3. Maintain a 2.5 minimum cumulative grade point average.
4. Return to STHS and fulfill the Employment Commitment specified in the Scholarship Agreement following graduation.
5. Each Scholarship Recipient shall sign a written Scholarship Agreement with STHS which establishes the terms and conditions upon which the Scholarship shall be granted, the Employment Commitment to STHS and repayment obligations for any breach. [\*See the Scholarship Program Guidelines for additional details.]
6. Participate in one or more interviews with representatives of the STHS Scholarship Review Committee as requested.

**SECTION C - APPLICANT INFORMATION [PRINT]**

Name \_\_\_\_\_ Academic Term \_\_\_\_\_

School \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mobile No. \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Residence Address \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Email \_\_\_\_\_

**SECTION D – SUPPORTING DOCUMENTATION.** Applicant is required to enclose the following documentation with the Application. A completed Application and all required documentation may be submitted as a package via email at [sthsscholarships@stph.org](mailto:sthsscholarships@stph.org) or in person at the STHS Human Resources building.

**INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED BY STHS.**

1. \_\_\_\_\_ A completed and signed application
2. \_\_\_\_\_ A personal statement essay describing career goals and future aspirations (300-word limit)
3. \_\_\_\_\_ Documentation of acceptance to nursing or allied health program of study
4. \_\_\_\_\_ Copy of academic transcript(s) (unofficial transcripts are acceptable)
5. \_\_\_\_\_ Documentation of US residency (copy of driver's license, passport, or voter's registration)
6. \_\_\_\_\_ Documentation of tuition and fees from accredited school of Nursing or Allied Health
7. \_\_\_\_\_ One (1) letter of recommendation from an educational or clinical instructor, a workplace manager or supervisor or a professional mentor (may be signed electronically and sent to [sthsscholarships@stph.org](mailto:sthsscholarships@stph.org))

**SECTION E - APPLICANT CERTIFICATION.** By submitting this Application, I certify that the information I have provided is complete and accurate to the best of my knowledge. If requested by STHS, I agree to submit proof of information which I have provided either on this form or submitted as required documentation. I understand that if information on the Application or any related information is false, I am ineligible for a Scholarship under this Program.

I certify by my signature that I meet the Nursing and Allied Health Scholarship Program criteria and that if awarded the Scholarship, it is my intent to join STHS for employment for the period of time specified in the written Scholarship Agreement.

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Signature of Scholarship Program Applicant

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Date