

# Nursing Scholarship Application

Name: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_



Trinity Health offers many nursing scholarships each year. Any student who is accepted into a North Dakota nursing program is eligible to apply for the scholarship / loan program. The program may allow for up to \$2000 per semester per student PLUS a \$250 stipend each month if employed while attending school.

If the student obtains employment as a nurse with Trinity within 90 days of degree completion, the loan does not require repayment until the anniversary of their graduation date (otherwise, payments begin immediately). Additionally, if employment is continued past the anniversary date of employment in applicable RN or LPN position a \$2000 bonus is paid and deducted from the employees check annually toward repayment of the loan.

Contact Human Resources at (701) 857-5191 with any questions.

The following documents are required for consideration of Trinity's Nursing Scholarship. When you have completed this application, return it to: Human Resources, PO Box 5020, Minot, ND 58702-5020.

\_\_\_\_\_ **Application Form**

\_\_\_\_\_ **Transcripts**

Applicants should arrange for official transcripts to be sent directly to Trinity Health Human Resource Department.

\_\_\_\_\_ **Three Recommendations**

A recommendation form is included on Page 5. Three recommendations are required, so please print 3 copies. Include at least one teacher recommendation and the remainder should be from other non-family persons.

\_\_\_\_\_ **Autobiography**

New applicants must write a short one to two page statement outlining their interests in this type of education, describing the major influences in their life, which led them to a career in health care.

*For Scholarship Committee Use Only:*

1st Time Applicant     Reapplicant (previously approved)     Reapplicant (previously denied)

Prior recipient of sign on bonus:  Yes  No

Application received by deadline:  Yes  No

Current employee:  No  Yes, position: \_\_\_\_\_ dept: \_\_\_\_\_ status: \_\_\_\_\_

Interview information: \_\_\_\_\_

Full loan approved     Partial loan approved, Amount \$ \_\_\_\_\_

Stipend approved     Stipend denied – not employed — If other, list reason: \_\_\_\_\_

Loan denied. Reason: \_\_\_\_\_

Other Information: \_\_\_\_\_

Committee Member Signature/Approval: \_\_\_\_\_ Date: \_\_\_\_\_

# TRINITY HEALTH NURSING SCHOLARSHIP APPLICATION

## PERSONAL INFORMATION:

Name in Full \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_ No. and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address, if different \_\_\_\_\_ No. and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail: \_\_\_\_\_

Are you legally entitled to work in the United States?  Yes  No

Do you have any relatives working at Trinity Health?  Yes  No, If yes, which department? \_\_\_\_\_

Contact in Case of Emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

How did you hear about Trinity's Scholarship program? \_\_\_\_\_

## EDUCATION:

Name of professional education program you are currently enrolled in:

BSN \_\_\_\_\_ ADRN \_\_\_\_\_ LPN \_\_\_\_\_

Please explain your future goals if you intend to continue education beyond the program you are currently enrolled in: \_\_\_\_\_

Name of school where you are enrolled: \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

Please indicate your enrollment status: Full Time \_\_\_\_\_ (12 credits or more) Part-time \_\_\_\_\_

Indicate the expected date (month and year) you will complete your education for the program you are currently enrolled in \_\_\_\_\_.

If your intention is to continue your education beyond the program you are currently enrolled in, please indicate an expected completion date of your full education: \_\_\_\_\_

Have you or will you have any other service obligation that will conflict with the service obligation incurred under this agreement. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Choose highest grade completed:  GED  12  13  14  15  16

Graduated:  Yes  No School: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Major area of study: \_\_\_\_\_

Specialized training, experience, licenses or certifications \_\_\_\_\_

Are you presently employed by Trinity Health? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who is your supervisor? \_\_\_\_\_

How many hours are you scheduled to work on a weekly basis? \_\_\_\_\_

Have you ever been employed by Trinity Health? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, why did you leave? \_\_\_\_\_

Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Are you interested in nursing opportunities at Trinity Health when you complete your education and become licensed? Yes \_\_\_\_\_ No \_\_\_\_\_

### EMPLOYMENT:

#### LIST MOST RECENT EMPLOYMENT FIRST — INCLUDE MILITARY

Company Name and Address	Phone	Position Held	Dates		Salary	Full Time	Part-Time	Reason for Leaving
			From	To				

Please list other name(s) used during employment history: \_\_\_\_\_

### OTHER:

Have you ever been terminated or asked to resign from any job? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been imprisoned or placed on probation or parole for any felony or misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you currently have charges pending or are you currently on probation? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted, whether by trial or plea agreement, of any felony or misdemeanor involving a crime of violence, sexual offense, fraud, misrepresentation, honesty or deceit? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted for mistreatment, neglect or abuse of residents or misappropriation of their property? Yes \_\_\_\_\_ No \_\_\_\_\_

**OTHER** Cont....

Have you ever had your name listed on a state directory for mistreatment, neglect or abuse of residents or misappropriation of their property?

Yes\_\_\_\_\_ No\_\_\_\_\_

Has your license to practice in any jurisdiction ever been denied, terminated, limited, revoked, suspended, voluntarily or involuntarily surrendered, relinquished, or subject to probationary terms, or is there a pending action or challenge to do so?

Yes\_\_\_\_\_ No\_\_\_\_\_

Do you know of any circumstances that would impact your liability to obtain a nursing license?

Yes\_\_\_\_\_ No\_\_\_\_\_

If you answered "yes" to any of the questions above, please explain completely.

Criminal convictions are not an absolute ban to receive scholarship funds but will be considered in relationship to the specific circumstances.

*I certify that the statements on this form are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this form. I agree that former employers or any other persons may furnish Trinity Health with all information regarding their records of my past service character and reason for leaving. I hereby release all former employers and persons from all liability on account of providing such information. I understand that misrepresentaton or omission of information in connection with this application will be sufficient cause, in and of itself, for rejection whenever discovered.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant



