



Lima Memorial Health System Nursing Scholarship Program Overview

PURPOSE

At Lima Memorial Health System, we are dedicated to providing quality health services to our community. It is our intention to provide the high standard of care that our patients have grown accustomed to, not only today, but also in the succession of tomorrows to come. It is our hope that we can help mold futures and, in the process, secure for our community, a health care system that will reflect the Spirit of Excellence in quality and professionalism.

DESCRIPTION

Scholarships will be awarded to individuals who exhibit characteristics that will enable Lima Memorial Health System to continue providing excellent patient care. Scholarships will be awarded to students accepted into the Licensed Practical Nursing program at Apollo Career Center OR accepted into the Registered Nursing program at Rhodes State College. Each scholarship will cover the total costs of the nursing program, to include, tuition, books, lab fees, etc.

In return for a scholarship award, the recipient must agree to work at LMHS for a minimum of 24 hours per month while actively enrolled in a nursing program (to include summer months). Scholarship recipient will agree to enter into the Nursing Work Agreement following attainment of degree in return for scholarship funds awarded.

SELECTION CRITERIA

The following items are important to the scholarship selection committee:

- Character
- Leadership and Citizenship Qualities
- Written and Verbal communication skills
- Commitment to Health Care and a positive contribution to patients and our community
- Community Service
- Accumulative GPA (3.0 or above on a 4.0 scale)

APPLICATION

For application or information, contact Brenda Kidd, HR Business Partner, at 419-998-4519.



Nursing Scholarship Program Checklist

Check all eligibility requirements that apply:

- Recent graduate of a local high school, pursuing enrollment in a local nursing program.
- Entering into the Licensed Practical Nursing program at Apollo Career Center as a full-time student.

OR

- Entering into the Registered Nursing program at Rhodes State College as a full-time student.
- Will work as a Healthcare Aide or a Patient Care Tech, at a minimum of 24 hours while actively enrolled in a nursing program (to include summer months).
- Scholarship recipient will agree to enter into a Nursing Work Agreement following attainment of degree in return for scholarship funds awarded.

Print Student's Name

Phone Number

Student's Signature

Date

Email Address

***Name and signature of applicant's parent or legal guardian:**

Parent/Guardian Name (print) _____

Signature _____

**If you meet all the eligibility criteria listed above, please print and sign one copy of this form.
Forms can be returned via USPS, email or hand delivered to:**

**Lima Memorial Health System
Attn: Human Resources
1001 Bellefontaine Ave
Lima OH 45804**

NURSING SCHOLARSHIP APPLICATION - 2024

For Funding Coordinated by the Lima Memorial Health System

1. Refer to page three (3) of this application for a list of the supporting documents needed (i.e., personal essay, letter of recommendation, evidence of GPA, etc.). Incomplete applications will not be considered.
2. If you have any questions about the application, please call the LMHS Human Resources office at 419-226-5089.

Please type or print your answers. If application is illegible it will be disqualified.	
1.	Last Name: _____ First Name: _____
2.	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____
3.	Telephone Numbers: Home () Work: () Cell: ()
4.	Email Address: _____
5.	Date of Birth: Month Day Year
6.	I will be attending school at: (Check one) <input type="checkbox"/> Rhode State College <input type="checkbox"/> Apollo Career Center Anticipated Graduation Date: _____ (month) _____ (year)
7.	High School <i>Cumulative</i> Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent official school transcript required. See page 2, question 14
8.	Are <u>you</u> a? (Check all that apply) : <input type="checkbox"/> LMHS Career Explorer <input type="checkbox"/> LMHS HS Intern <input type="checkbox"/> LMHS Apprentice <input type="checkbox"/> LMHS Employee <input type="checkbox"/> Other If you checked, "Other", please define _____ If you checked, LMHS Employee please answer blocks A and B below. Otherwise, go to item 9.
A.	Name of LMHS Facility/Campus: _____
B.	Department Name: _____
9.	Is your <u>parent, legal guardian or grandparent</u> a? (Check any that apply) : <input type="checkbox"/> LMHS Employee <input type="checkbox"/> LMHS Volunteer <input type="checkbox"/> LMHS Auxiliary Member If you checked any, please answer blocks A & B below. Otherwise, go to item 10.
A.	Their full name: _____ _____
B.	Their Relationship to you: _____ _____
10.	List the name of any high school/college/career center you have attended. A. _____ B. _____ C. _____
11.	What are your educational and professional goals and objectives? Please attach a brief essay describing why you would like to pursue a career in Nursing and what contribution you will make to the patients and

	community you will serve.	
12.	List your community service activities and extracurricular activities, especially those related to health care. Please note any leadership positions you have held in these activities.	
13.	List your academic honors or special recognition received:	
14.	A. The following items must be attached for this application to qualify and be reviewed by the Nursing Scholarship committee. B. Check "YES" or "NO" to be sure you have attached each item as required.	
	YES <input type="checkbox"/>	NO <input type="checkbox"/> Personal Essay. A brief essay describing your educational and professional goals and objectives is required. Elaborate on why you would like to pursue a health care career and what contribution you will make to the patients and community you will serve.
	YES <input type="checkbox"/>	NO <input type="checkbox"/> One Letter of Recommendation. Name of Person Providing Recommendation: _____ Position or Title of Person Providing Recommendation: _____
	YES <input type="checkbox"/>	NO <input type="checkbox"/> Most recent high school or college transcript with <i>Cumulative</i> GPA listed.

Consent and Conditions of Acceptance

I hereby give my consent to the Lima Memorial Health System to obtain information about me that is pertinent to this Nursing Scholarship application and to verify the information contained herein. This information includes, but is not limited to, financial aid, billing data, grades and any other data relevant to the consideration of this application.

I understand that as a recipient of the Nursing Scholarship, I will agree to work at LMHS for a minimum of 24 hours per month, which consists of two (2) 12-hour shifts with one shift being on a weekend while actively enrolled in a nursing program (to include summer months).

I understand that should I be awarded a Nursing Scholarship, I will be required to enter into a Nursing Work Agreement following attainment of my degree, in return for scholarship funds awarded.

I have read, understand and agree to the consent and conditions of acceptance of the Nursing Scholarship application. I have provided all requested information and my signature below indicates that the information contained in this funding application is true and accurate.

Applicant's Name (print) _____

Applicant's Signature _____

*Name and signature of applicant's parent or legal guardian:

Parent/Guardian Name (print) _____

Signature _____

*Please return signed application along with required supporting documents via,
USPS, email or hand delivery to:*

*Lima Memorial Health System
Attn: Human Resources
1001 Bellefontaine Ave
Lima OH 45804*

REMEMBER: Deadline Date is Friday March 1, 2024 @ 5:00pm

***Finalist will be notified if they have been selected for a personal interview.*

