

# Wellmont Health System Scholarship Instructions

Wellmont enjoys a reputation for its outstanding commitment to the education and professional development of our caregivers. We invite you to apply for educational assistance from a leading healthcare organization committed to delivering superior healthcare with compassion.

## **Eligibility**

To be considered for the Wellmont Health System Scholarship, an applicant:

1. Must be accepted for admission to a full-time Registered Nurse program and enrolled in a minimum of 9 credit hours for each semester.
2. Must not be receiving scholarship funds from any other health care provider source.
3. Must submit the following:
  - Completed Wellmont Health System application
  - Two faculty references from previous instructors
  - Most recent college transcripts - must be official transcript
  - Application Essay
  - Résumé
  - FAFSA -- Applicant must submit the Free Application for Federal Student Aid for the academic year if awarded.

## **Where to send the application packet**

1. **When the application packet is complete, please submit to:**  
Amanda Blevins, Nurse Recruiter  
Human Resources  
Wellmont Health System  
P.O. Box 238  
Kingsport, TN 37660
2. You may Fax your information to (423) 224-6419.  
For more information, please call Amanda Blevins at (423) 224-6464.

## **Deadline:**

**All scholarship applications must be received by the Nurse Recruiter by the published deadline for each college. Applications missing required documentation will not be considered.**

### **What happens to your application?**

**Your application materials will be reviewed by the Wellmont Scholarship Committee. Only candidates who submit ALL the required documents on time will be considered. Applicants will be required to participate in a personal interview with the Nurse Recruiter and other members of the Scholarship Committee.**

### **Scholarship Award:**

**The Wellmont Health System Scholarship award is based upon the availability of funding and may include the following:**

1. Up to the cost of any unmet in-state tuition and fees for required nursing classes for up to five continuous semesters (if applicable) of enrollment in a registered nurse program. (Program prerequisites are not included.)
2. A stipend each semester for up to five continuous semesters (if applicable) of enrollment in a registered nurse program.
3. Opportunity to participate in the Wellmont Health System Nursing Externship Program. This program builds nursing knowledge in a practice arena. A preceptor/preceptee relationship fosters professional role development and facilitates the transition from nursing education to nursing practice.
4. Allows recipient to attend a Wellmont approved NCLEX review course before taking the state board exam.

### **Continuation of Award:**

**Scholarship is determined on a semester-by-semester basis and requires:**

1. Recipient must remain in good standing with Wellmont Health System and the college's nursing program.
2. Recipient must maintain a minimum term (semester) GPA of 3.0 in required nursing classes.
3. Recipient must maintain continuous enrollment in the nursing education program. Recipient withdrawal or dismissal from the nursing education program terminates the Wellmont Scholarship award and triggers immediate payback requirements.
4. Recipient's enrollment status and GPA will be verified at the end of each semester to determine continuation of award.
5. Recipient may be required to submit additional nursing faculty references for each semester of award.

### **Commitment of Award:**

1. Recipient must sign the Wellmont Health System Scholarship Program Service Commitment prior to receiving scholarship funds. **(Please Read Commitment Carefully Before Signing)**
2. The service commitment to Wellmont equals one year of full-time service for each \$2,000.00 of educational assistance provided by Wellmont to a maximum of 3 years of full-time service.

3. Recipient is required to graduate from the nursing program and successfully pass the appropriate licensure exam and begin work with the Wellmont Health System within 15 days of securing the nursing license.
4. While it is the intention of Wellmont Health System to employ all recipients of scholarship funds, this is not a guarantee of employment with Wellmont Health System.

**Repayment of Award:**

**Recipients who do not meet the continuation criteria will lose the scholarship award for the subsequent semester(s) and must meet with the Nurse Recruiter of the Wellmont Health System to determine the repayment of scholarship funds.**

# WELLMONT HEALTH SYSTEM SCHOLARSHIP APPLICATION

\_\_\_\_\_  
First Name (Please Print)      Last Name      (\_\_\_\_\_) Phone      Email Address

\_\_\_\_\_  
Present Address      City      State      Zip

\_\_\_\_\_  
Permanent Address      City      State      Zip

\_\_\_\_\_  
College / University      Expected Graduation Date      GPA

## Employment Information

\_\_\_\_\_  
Current Employer      Position      How long?

\_\_\_\_\_  
Employer's Address      City      State      Zip

Have you ever worked for Wellmont Health System?     No     Yes - dates of employment \_\_\_\_\_

Have you ever been convicted of a crime?     No     Yes  
*(Wellmont Health System performs criminal history background checks.)*

\* Are you receiving scholarship money from any source?     No     Yes - please list \_\_\_\_\_

\_\_\_\_\_  
Please briefly describe your areas of interest and goals upon graduation. \_\_\_\_\_

\_\_\_\_\_  
Please submit a one page essay explaining why you are a qualified candidate and should be considered for a scholarship.

\_\_\_\_\_  
Signature of Applicant      Date      Semester

Fax completed form and two faculty references to (423) 224-6419 or send to Human Resources at facility of interest.

\* *Wellmont Health System scholarship program supplements tuition cost not otherwise provided through other forms of financial assistance.*

Transcript requested     Receipts submitted

# FACULTY REFERENCE

## Dear Nursing School Faculty Member

I am submitting an application for a (check one)  Nurse Intern Program  Nurse Extern Program  Scholarship Program at Wellmont Health System. Please complete the evaluation below and place the evaluation in the mail to the address at the bottom of this form.

\_\_\_\_\_  
Name of Nursing Student (Please Print)

\_\_\_\_\_  
Name of School

## FACULTY EVALUATION

Based on your experience with the student in the clinical setting, please evaluate the student on the following items using the scale to the right.

	Very Good Top 10%	Good Top 20%	Average	Below Average
<b>WORK SKILLS</b>				
1. Organization of work	1	2	3	4
2. Technical skills (nursing assistant level)	1	2	3	4
3. Communication skills	1	2	3	4
<b>ATTITUDES TOWARD WORK</b>				
1. Attitude toward learning new skills	1	2	3	4
2. Attitude to adjust to new situations	1	2	3	4
3. Integrity	1	2	3	4
<b>PERSONAL QUALITIES</b>				
1. Appearance	1	2	3	4
2. Attendance	1	2	3	4

What are the applicant's major strengths? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What areas need further improvement? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is your overall evaluation of this student compared with others at the same level in your program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
School

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

Fax completed form to (423) 224-6419 or mail to Wellmont Health System, Attn: Nurse Recruiter, P.O. Box 238, Kingsport, TN 37660

# FACULTY REFERENCE

## Dear Nursing School Faculty Member

I am submitting an application for a (check one)  Nurse Intern Program  Nurse Extern Program  Scholarship Program at Wellmont Health System. Please complete the evaluation below and place the evaluation in the mail to the address at the bottom of this form.

\_\_\_\_\_  
Name of Nursing Student (Please Print)

\_\_\_\_\_  
Name of School

## FACULTY EVALUATION

Based on your experience with the student in the clinical setting, please evaluate the student on the following items using the scale to the right.

	Very Good Top 10%	Good Top 20%	Average	Below Average
<b>WORK SKILLS</b>				
1. Organization of work	1	2	3	4
2. Technical skills (nursing assistant level)	1	2	3	4
3. Communication skills	1	2	3	4
<b>ATTITUDES TOWARD WORK</b>				
1. Attitude toward learning new skills	1	2	3	4
2. Attitude to adjust to new situations	1	2	3	4
3. Integrity	1	2	3	4
<b>PERSONAL QUALITIES</b>				
1. Appearance	1	2	3	4
2. Attendance	1	2	3	4

What are the applicant's major strengths? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What areas need further improvement? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is your overall evaluation of this student compared with others at the same level in your program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
School

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

Fax completed form to (423) 224-6419 or mail to Wellmont Health System, Attn: Nurse Recruiter, P.O. Box 238, Kingsport, TN 37660