

Scholarship goals: To increase the number of practicing bedside nurses at WVU Medicine Thomas Hospitals by providing scholarships to students annually who are in entry-level collegiate nursing programs.

Award Information

- Awards will apply for up to \$20,000 for those students in Associate Degree programs and up to \$30,000 for those in Baccalaureate Nursing programs.
- **Applications are accepted on a rolling basis. Deadline for application submission is no later than 60 days prior to the applicant's academic start date.**
- To be eligible, student must be accepted and actively enrolled in a Nursing program. The scholarship only applies to an initial nursing degree. Thomas Hospitals is a second payer, meaning any free monies, for example, scholarships, grants, etc. would be applied first.
- Scholarship recipients must commit to a 3-year work commitment with WVU Medicine Thomas Hospitals. Failure to fulfill the terms of the Employment Service Agreement will result in the recipient repaying the full amount of funds received to WVU Medicine Thomas Hospitals.
- The selection committee reserves the right to award higher or lesser scholarship amounts based on the number of applications received.
- If accepted, scholarship recipient will be notified after the application deadline. If you have any questions, please call 304.766.3621.

Criteria for Consideration

- High school or college students who are accepted to an accredited school of nursing program are eligible.
- Students must have a 3.0 GPA or higher in the most recent high school or college transcript with a minimum of 2.0 in any nursing course.
- Temporary or per diem employees of WVU Medicine Thomas Hospitals may apply.
- Priority will be given to the following individuals: Current Thomas Hospitals employees, students who attended the WVU Medicine Thomas Hospitals Junior or Senior Nursing Academies, THS Volunteer program participants and United States Veterans.
- Completion of portfolio (*see page 2*)
- Only candidates who meet eligibility requirements and submit required criteria as requested will be considered. Failure to comply with any required portion of the application or portfolio will result in forfeiture of consideration.

Terms of Employment Service Agreement

The WVU Medicine Thomas Hospitals Thomas Foundation Nursing Scholarship requires that recipients enter into an Employment Service Agreement with WVU Medicine Thomas Hospitals agreeing to a 3-year full-time work commitment in a bedside nursing position.

- **By submitting an application, the applicant agrees to the terms of the Employment Service Agreement.**
- Employment will be offered based on nursing positions available at the time of the student's graduation. If recipients do not fulfill their commitment to be employed, or do not complete their academic program, they are required to repay scholarship funds. Monies will be due in full within three months of graduation, or withdrawal from the nursing program.
- If the Employment Service Agreement is not signed, the scholarship will not be awarded.
- Existing WVU Medicine Thomas Hospitals HR policies will be in effect with regard to transfers and reassignments.

Electronic submission preferred.
Please email to THOMNursingScholarship@wvumedicine.org
Questions? 304-766-3621

Scholarship Renewal

This scholarship is renewable, and number of renewals is based upon the type of Nursing program, ADN (maximum of \$20,000) and BSN (maximum of \$30,000). The following are required for reconsideration:

- Progress reports (submission of current transcripts) MUST be submitted to THOMNursingScholarship@wvumedicine.org per each grading period.
- Retention of an academic overall GPA of 2.5 on a 4.0 scale
- 1 Letter of recommendation from faculty advisor from the college/university.

Portfolio Documents Required

- Please email completed portfolio to ThomNursingScholarship@wvumedicine.org
- **Application Deadline: Applications are accepted on a rolling basis. Deadline for application submission is no later than 60 days prior to the applicant's academic start date.**
- **Documents to note:**
 - ⇒ Confidential Recommendation/Reference/Employee Service Form—must be signed by applicant
 - ⇒ WVU Medicine Thomas Hospitals/Thomas Foundation Nursing Scholarship Application Academic Year Form (must be completed by applicant if resume not submitted)
 - ⇒ Confidential Recommendation/Reference Form to be sent by WVU Medicine Thomas Hospitals to recommenders

☐ **The following should be included in the applicant's email:**

- Applicant's name, email, phone number, address, year of school, institution name
- Subject line should read "Nursing Scholarship Application— Elizabeth Smith" (include applicant's name).

☐ **Essay** (Typed using 12 point Times New Roman font, double spaced, 1-2 pages in length)

- How the scholarship will assist in obtaining educational career/goal
- Factors that influenced the applicant to choose a career in nursing
- Personal qualifications which will assist in completing educational goal
- Character attributes and personal statement from applicant
- *Attach to email*

Electronic submission preferred.
Please email to THOMNursingScholarship@wvumedicine.org
Questions? 304-766-3621

Portfolio Documents Required

☐ Transcripts/Grades for High School Graduates/Seniors

- Students must have a 3.0 GPA or higher in the most recent high school or college transcript with a minimum of 2.0 in any nursing course.
- A school counselor or principal MUST email THOMNursingScholarship@wvumedicine.org with their signature included on the transcripts. Contact information for the counselor or principal MUST be included to validate transcripts.
- Subject line should read "Nursing Scholarship Application Transcripts/Grades for (applicant's name)".

☐ Transcripts/Grades for College Students

- If applicant is a college student who does not have grades from their most recent semester, the student's most recent official transcript MUST be submitted.
- A representative from the college's registrar's office MUST email THOMNursingScholarship@wvumedicine.org with transcripts and include their signature or school seal on the transcripts.
- If applicant is currently taking college courses, grades may be submitted as an attachment by the student from current semester. Document may be downloaded from college website, and must include student's name, college, current GPA and cumulative GPA.

☐ College Letter of Acceptance

- Letter should include applicant's name, address and any other identifying information, as well as school letterhead.

☐ References List (3)

- Applicant must include 3 references that may be contacted.
- References should be someone other than a family member and could include clergy, teacher, counselor, or employer.
- Reference list must be attached to email and include reference name, employer, position, phone number and email address.
- Note: References will be asked to complete and return the Confidential Recommendation/Reference form.

Electronic submission preferred.
Please email to THOMNursingScholarship@wvumedicine.org
Questions? 304-766-3621

Portfolio Documents Required

☐ **Resume *OR* Completed Application form (see pg. 5)**

- Applicant may choose to submit resume OR WVU Medicine Thomas Hospitals/Thomas Foundation Nursing Scholarship Application 2022-2023 Academic Year Form
- If resume, the following information MUST be included:
 - Applicant's name (First, Middle initial, Last)
 - Contact information, including: Address with city, state and zip, Email, Phone number
 - High school attended with city and state, include graduation date
 - College attending with city and state, include start and anticipated degree completion date
 - Indicate if United States veteran, current WVUMTH employee, and/or past participant of VOLUNTEEN or Senior and Junior Nursing Academies
 - Type of nursing program (AND or BSN) - other nursing degrees are not eligible for consideration
 - Work experience (begin with the most recent, and indicate dates of employment)
 - (Include company, position, date from, date to and supervisor with contact information)
 - Relevant Collegiate/high school activities (if any) — include special awards, honors and offices held
 - Community activities (if any) during the last 4 years— include special awards, honors and offices held
 - Special skills or interests — include special awards, honors and offices held

☐ **Confidential Recommendation/Employee Service Agreement form**

- Applicant MUST sign and return form
- Attach signed form to email

Summary of Portfolio Checklist

- ☐ Email to THOMNursingScholarship@wvumedicine.org
- ☐ Essay
- ☐ Transcripts/Grades for High School Graduates/Seniors
- ☐ Transcripts/Grades for College Students
- ☐ College acceptance letter
- ☐ Reference List (3)
- ☐ Resume OR Completed Application form
- ☐ Signed Confidential Recommendation/Employee Service Agreement Form

WVU Medicine Thomas Hospitals/Thomas Foundation Nursing Scholarship Application

Application Deadline: Applications are accepted on a rolling basis. Deadline for application submission is no later than 60 days prior to the applicant's academic start date.

THIS APPLICATION FORM DOES NOT NEED TO BE SUBMITTED IF RESUME IS SUBMITTED WITH ALL REQUIRED FIELDS.

PERSONAL INFORMATION

APPLICANT'S NAME (FIRST, MIDDLE INITIAL, LAST):	DATE:
ADDRESS:	CITY, STATE, ZIP:
EMAIL:	PHONE NUMBER:
HIGH SCHOOL ATTENDED/GRADUATION DATE:	CITY, STATE:
COLLEGE ATTENDING:	CITY, STATE:
COLLEGE START AND ANTICIPATED DEGREE COMPLETION DATE: TYPE OF PROGRAM: ADN ____ BSN ____	
CHECK ALL THAT APPLY: CURRENT TH EMPLOYEE ____ UNITED STATES VETERAN ____ WVU MEDICINE THOMAS HOSPITALS JUNIOR OR SENIOR NURSING ACADEMY PARTICIPANT ____ WVU MEDICINE THOMAS HOSPITALS VOLUNTEER ____ ASPIRING NURSE ____	

WORK EXPERIENCE

Describe your work experience (if any) beginning with the most recent. Indicate dates of employment.
Additional sheets may be attached.

COMPANY	POSITION	DATE FROM	DATE TO	SUPERVISOR NAME AND CONTACT INFO (PHONE/EMAIL)

WVU Medicine Thomas Hospitals/Thomas Foundation Nursing Scholarship Application

Application Deadline: Applications are accepted on a rolling basis. Deadline for application submission is no later than 60 days prior to the applicant's academic start date.

THIS APPLICATION FORM DOES NOT NEED TO BE SUBMITTED IF RESUME IS SUBMITTED WITH ALL REQUIRED FIELDS.

COLLEGIATE/HIGH SCHOOL ACTIVITIES

List all relevant collegiate/high school activities (if any) in which you have participated. Include any special awards, honors and offices held. Additional sheets may be attached.

COMMUNITY ACTIVITIES

List all community activities (if any) in which you have participated. Include any special awards, honors and offices held. Additional sheets may be attached.

SPECIAL SKILLS OR INTERESTS

List any relevant special skills or interests that you have. Include any special awards, honors and offices held. Additional sheets may be attached.

ADDITIONAL COMMENTS

WVU Medicine Thomas Hospitals/Thomas Foundation Nursing Scholarship
Confidential Recommendation/Employee Service Agreement
To be completed by applicant

CONFIDENTIAL RECOMMENDATION/REFERENCE

Applicant's Name (First, Middle Initial Last): _____

To the Applicant: Please print your name above and sign the statement below.

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to education records concerning them. Students are permitted to waive their right of access to recommendations. A waiver of their right of access may permit recommenders to submit a more candid evaluation. The following signed statement indicates the wish of the applicant with respect to this recommenders' recommendation. I waive my right of access to the following recommendation.

EMPLOYEE SERVICE AGREEMENT

The WVU Medicine Thomas Hospitals/Thomas Foundation Nursing Scholarship requires that recipients enter into an Employment Service Agreement with WVU Medicine Thomas Hospitals agreeing to secure employment with WVU Medicine Thomas Hospitals. Repayment of scholarship monies will be expected if the terms of the Employment Service Agreement are not fulfilled.

The WVU Medicine Thomas Hospitals/Thomas Foundation Nursing Scholarship requires that recipients enter into an Employment Service Agreement with WVU Medicine Thomas Hospitals agreeing to work 3 years in a full-time bedside nursing position.

- Employment will be offered based on nursing positions available at the time of the student's graduation.
- If recipients do not fulfill their commitment to be employed, or do not complete their academic program, they are required to repay scholarship funds. Monies will be due in full within three months of graduation, or withdrawal from the nursing program.
- If the Employment Service Agreement is not signed, the scholarship will not be awarded.
- Existing WVU Medicine Thomas Hospitals HR policies will be in effect with regard to transfers and reassignments.

The undersigned hereby acknowledges that the information provided in this application, including any enclosed documents is true and correct to the best of their knowledge.

Applicant Signature/Date: _____

WVU Medicine Thomas Hospitals/Thomas Foundation Nursing Scholarship

Confidential Recommendation/Reference

To be completed by recommender

CONFIDENTIAL RECOMMENDATION/REFERENCE

Applicant's Name (First, Middle Initial Last): _____

To the Recommender: The person whose name appears above is applying for a nursing scholarship with WVU Medicine Thomas Hospitals/Thomas Foundation. The applicant has requested that your evaluation be included as part of the information upon which the selection decision will be based. We value your direct contact with the applicant and will appreciate your responses to the following questions as candidly and specifically as possible. Your responses will assist the Scholarship Committee in the evaluation of the applicant's qualifications for the receipt of a scholarship. We realize the amount of time and care necessary to complete a thoughtful recommendation and are grateful for your assistance.

Our application procedure requires that the applicant gather all documents including recommendations and submit a complete set of materials with the application. This system allows the applicant to know the completed application has been submitted and facilitates our control over materials.

Please email this completed document to THOMNursingScholarship@wvumedicine.org with the following information:

- Subject line should read "Nursing Scholarship Application Confidential Recommendation/Reference for (applicant's name)"

APPLICANT RATINGS

Please rate the applicant in the following attributes, relative to others whom you have known in a similar capacity.

	Outstanding	Strong	Average	Fair	Poor	Not Observed
Motivation & Drive						
Leadership Potential						
Imagination & Creativity						
Self Confidence						
Ability to Work with Others						
Intellectual Ability						
Oral Communication						
Written Communication						

WVU Medicine Thomas Hospitals/Thomas Foundation Nursing Scholarship

Confidential Recommendation/Reference

To be completed by recommender

PLEASE ANSWER THE FOLLOWING

How long have you known the applicant, and what is your relationship?

How will this scholarship impact the applicant's future plans?

What positive qualities/skills/attributes does the applicant possess? How will these qualities contribute to their success in the study of a health care discipline?

Which qualities/skills/attributes can the applicant improve upon for success in the study and subsequent career in a health care discipline?

Other comments:

Please check one:

☐ I *strongly recommend* the applicant as a scholarship recipient.

☐ I *recommend* the applicant as a scholarship recipient.

☐ I *recommend the applicant with reservation* as a scholarship recipient.

☐ I *do not recommend* the applicant as a scholarship recipient.