RIVERVIEW REGIONAL MEDICAL CENTER

SCHOLARSHIP PROGRAM APPLICATION

IMPORTANT:

ALL APPLICATION MATERIALS (APPLICATION, LETTERS OF RECOMMENDATION, LETTER OF ACCEPTANCE, ESSAY, TRANSCRIPTS, ACT SCORE, ETC.) MUST BE RECEIVED AT LEAST 30 DAYS PRIOR TO THE BEGINNING OF PROGRAM START DATE.

DEMOGRAPHIC INFORMATION

FIRST NAME _____ MI____ LAST NAME_____

EMAIL ADDRESS _____ CELL PHONE # _____

MAILING ADDRESS _____

CITY_____ STATE _____ ZIP_____

If you have lived at the address above for less than 12 months, list your previous address:

PRIOR ADDRESS _____

CITY_____ STATE _____ ZIP_____

EVIDENCE OF PROGRAM ACCEPTANCE

To be an eligible recipient of this scholarship, you must provide evidence of unconditional acceptance into an accredited program.

1. **Name of College: _____ Program: _____**
2. **If nursing, indicate specific program: RN___ Paramedic/LPN to RN __ Other:_____**
3. **Semester & Year Accepted to Begin: Semester _____ Year_____**
4. **Attach letter of unconditional acceptance indicating the college, program, semester and year for which you have been admitted.**
5. **Are you already enrolled in the program (started)? ___NO ___YES**

   If yes, How many semesters completed?_____ When did you start (Semester/Year) _____

PROFESSIONAL LICENSES AND CERTIFICATIONS

Do you have a license, registry or certification in a healthcare related profession? (Ex: LPN, CNA, EMT, etc.)

Type	State	Date Issued	Number

Have any disciplinary actions or investigation been initiated or are any pending against you by any state licensure board? ___NO ___YES

Has your license to practice in any state every been challenged, denied, limited, suspended, revoked, voluntarily or involuntary relinquished? ___NO ___YES

If your response to either of the preceding two questions was “yes”, please provide a full explanation of the details on a separate sheet of paper and attach it to this application.

STATUS OF PRE-REQUISITE & REQUIRED NON-NURSING COURSES

1. To be an eligible recipient of this scholarship, you must have **completed ALL pre-requisite courses** required for the program to which you have been accepted. Have you completed all of the pre-requisite and non-nursing courses required for the program for which you have been accepted? _____YES _____NO

2. List the pre-requisite and non-nursing courses required for your program and indicate final grade.*

Pre-requisite/Non-nursing Course Name	Semester/Year Completed	Final Grade

3. GPA _____. Attach transcript for most recent semester completed, indicating GPA.*

***Sealed transcript may be requested for final eligibility.**

EDUCATION

COLLEGE	MONTHS/YEARS ATTENDED	DEGREE RECEIVED	MAJOR

ACT SCORE: _____. Attach copy of ACT score.

CURRENT & FORMER EMPLOYMENT (past 5 years)

EMPLOYER NAME & LOCATION	JOB TITLE	START/END DATE OF EMPLOYMENT	SUPERVISOR'S NAME

__None

HONORS/AWARDS

HONOR/AWARD	YEAR

VOLUNTEER ACTIVITIES / CIVIC OR PROFESSIONAL ORGANIZATIONS

ACTIVITY/ORGANIZATION	ROLE	YEAR(S)

If you have additional employers, honors or volunteer activities than can be listed above, please attach additional sheets.

PERSONAL REFERENCES (NON-RELATED)

NAME	RELATIONSHIP	PHONE NUMBER

You must submit at least two letters of recommendation from the references above. Letters may be submitted directly to the program coordinator.

ESSAY REQUIREMENT

Attach an essay describing why you are seeking a career in healthcare, why you feel that you would be extraordinary in the role, and how this scholarship would help you achieve this goal. The essay must be composed of at least 5 paragraphs (4-5 sentences per paragraph), typed, double-spaced.

LICENSURE

Have you been convicted of a misdemeanor or felony that could prevent you from being able to be licensed/registered in Alabama upon completion of the program? ___ Yes ___No

If you are unsure or the answer is yes, please provide the date, place, and nature of each action, or conviction on a separate sheet of paper and attach it to this application. The existence of a conviction will not necessarily preclude your acceptance into the program. The nature of the crime, its relationship to obtaining licensure/registry and other appropriate factors will be considered.

ATTESTATIONS

____ (initials) I attest that I have read the scholarship requirements and the scholarship agreement, and if selected, I am willing to agree to and accomplish all terms of the scholarship agreement, including the Employment Commitment at Riverview Regional Medical Center.

____ (initials) I attest that I have not accepted a scholarship or loan with any other private or governmental program that has a conflicting service requirement following graduation.

____ (initials) I attest that I have never been on the list of excluded parties called the List of Excluded Individuals/Entities (LEIE) maintained by the Office of the Inspector General for the U.S. Department of HHS.

____ (initials) I attest that all information contained in this application and any attachments is true, correct and complete. Any misrepresentation or omission in my application and other materials can be justification to refuse my application or terminate my participation in the program.

____ (initials) I understand and agree that if I am accepted in the scholarship program, it does not constitute a job offer from Riverview Regional Medical Center. I understand that I must submit an employment application to be considered for employment with Riverview Regional Medical Center.

Should any information in my application or accompanying materials change at any point during the application period or during the Employment Commitment, I agree to submit updated information to the program coordinator immediately.

Date_____ Printed Name_____ Signature_____

SEND THE COMPLETED SCHOLARSHIP APPLICATION & ATTACHMENTS TO:

SANDRA LEE – NURSE EDUCATOR, PROGRAM COORDINATOR
RIVERVIEW REGIONAL MEDICAL CENTER
600 SOUTH THIRD STREET
GADSDEN, ALABAMA 35901
OR
EMAIL: Slee17@primehealthcare.com

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A completed scholarship program application must include all of the following to be considered by the selection committee:

- Scholarship program documentation included in this packet;
- Proof of acceptance to an accredited nursing school;
- Two letters of recommendation from the personal references provided;
- A one-page essay;
- College transcripts;
- ACT scores (or equivalent, e.g., SAT);
- Any explanatory statements concerning 1) professional licenses and certifications and/or 2) convictions that may prevent nursing licensure;
- Any additional sheets needed to list prior employers, awards/honors, or volunteer activities/civic or professional organizations.