

RIVERVIEW REGIONAL MEDICAL CENTER
SCHOLARSHIP PROGRAM APPLICATION
REGISTERED NURSING - ASSOCIATE DEGREE PROGRAM

DEMOGRAPHIC INFORMATION

FIRST NAME _____ MI _____ LAST NAME _____

EMAIL ADDRESS _____ CELL PHONE # _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

Have you been convicted of a felony that would prevent you from being able to be licensed as a nurse in Alabama upon completion of a nursing program? ___ Yes ___ No

EVIDENCE OF REGISTERED NURSING PROGRAM ACCEPTANCE

In order to be eligible to be a potential recipient of this scholarship, you must provide evidence of acceptance into one of the following associate degree registered nursing programs.

1. Which program have you been accepted to?

___ Gadsden State Community College ___ RN program ___ LPN to RN ___ Paramedic to RN

___ Snead State Community College

___ Wallace State Community College

2. Attach letter of acceptance indicating the college, program, semester and year for which you have been admitted.

3. Are you already enrolled in nursing school? ___NO ___YES How many semesters completed? _____

ATTESTATION

I attest that I have read scholarship requirements, and if selected, I am willing to agree to all terms of the agreement, including the terms of employment at Riverview Regional Medical Center. I further attest that all information contained in this application is true and correct.

Signature _____ Date _____

STATUS OF PRE-REQUISITE & REQUIRED NON-NURSING COURSES

1. To be eligible to be a potential recipient of this scholarship, you must have completed ALL pre-requisite and non-nursing courses required for the nursing program that 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.*

- 4.. **ACT SCORE:** _____. Attach copy of ACT score.

*Sealed transcript may be requested for final eligibility.

EDUCATION

<u>COLLEGE</u>	<u>MONTHS/YEARS ATTENDED</u>	<u>DEGREE RECEIVED</u>	<u>MAJOR</u>

Do you have a license, registry or certification in a healthcare related profession (Example: LPN, CNA, EMT, etc) NO YES Type _____ License/Registry/Certification # _____

EMPLOYMENT

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

 NONE

HONORS/AWARDS

<u>HONOR/AWARD</u>	<u>YEAR</u>

VOLUNTEER ACTIVITIES / CIVIC OR PROFESSIONAL ORGANIZATONS

<u>ACTIVITY/ORGANIZATION</u>	<u>ROLE</u>	<u>YEAR(S)</u>

PERSONAL REFERENCES (NON-RELATED)

NAME	RELATIONSHIP	PHONE NUMBER

ESSAY REQUIREMENT

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

SEND COMPLETED SCHOLARSHIP APPLICATION & ATTACHMENTS TO:

**SANDRA LEE RN, BSN – CLINICAL EDUCATOR
RIVERVIEW REGIONAL MEDICAL CENTER
600 SOUTH THIRD STREET
GADSDEN, ALABAMA 35901**

OR

EMAIL: Slee17@primehealthcare.com