

**APPLICATION FOR UM MEMORIAL HOSPITAL FOUNDATION
SCHOLARSHIP/LOAN PROGRAM
for the
Chesapeake College Nursing Program**

Applications are evaluated on the information supplied. Therefore, it is important to answer **EVERY** question. Incomplete applications will be returned to the applicant. Submit completed application to janet@umm.edu or **Scholarship/Loan Program, UM Memorial Hospital Foundation, P.O. Box 1846, 219 S. Washington Street, Easton MD 21601**. **Deadline for applying for Fall 2019 funding is Thursday, July 25, 2019.**

NAME: _____
First MI Last Maiden

ADDRESS: _____
If PO Box #, include 911 address

City State Zip County

Home Phone: _____ **Work Phone:** _____

E-Mail Address: _____ **Cell #** _____

How many dependents are living in your household? _____

What are the ages of your dependents? _____

PREVIOUS ATTENDANCE:

Name used if different from name listed above _____

Have you previously attended Chesapeake College (or any college's) Nursing Program?

If so, when? _____

Reason for leaving: _____

Do you have a High School Diploma or GED? [] Yes [] No
Do you have a Bachelor's Degree? [] Yes [] No
Anticipated Graduation Date: _____

EMPLOYMENT, HOMEMAKING, VOLUNTEER/COMMUNITY EXPERIENCE

List your work experience in chronological order, starting with the most recent. **DO NOT SUBSTITUTE RESUME.** You may add pages in same format as chart, if needed.

Will you work during the school year? ___ Yes, full-time ___ Yes, part-time ___ No

Dates (From-to)	Job Title	Place of Employment	Job Responsibilities	Employment Status
				___ Full-time ___ Part-time
				___ Full-time ___ Part-time
				___ Full-time ___ Part-time
				___ Full-time ___ Part-time

Closest Relative

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____

First-time Nursing Scholarship Applicant's - On a separate sheet of paper, explain a) why you want to be in the healthcare profession and b) why are you a good candidate for this award; include any special circumstances that should be taken into consideration by the Committee.

Provide a copy of your Chesapeake College Nursing Program Admission Worksheet

LETTERS OF RECOMMENDATION AND EVALUATION FORM

As part of the UM Memorial Hospital Foundation, Inc. Scholarship Application Process, you are required to have two (2) letters of recommendation and evaluation form with emphasis on attitude, enthusiasm, character, reliability and work ethic from a) one from a mentor or teacher and b) one from a community member, friend, employer or healthcare professional.

STATEMENT OF GRANTS AND LOANS

Have you applied for Financial Aid through the college or other private scholarship programs?
 ____ Yes (please complete the following chart) ____ No

Check all that apply	Program	Applied For	Awarded Amount (per term/semester)
	Pell Grant		
	Stafford Loans		
	State Scholarship (specify) 1) 2) 3)		
	Other:		
	Other:		

COURSE PLAN/COSTS: Projected course plan/costs for the entire academic year. Please list **ALL COURSES** you plan to take each semester for the **ENTIRE** school year (**fall through summer**). You are responsible for providing accurate tuition costs for each course.

Semester	Course Code	Course Title	Number of Credits	Tuition Per credit

Applicant Certification

I understand if I am applying for assistance from UM Memorial Hospital Foundation Scholarship/Loan Program that:

- The total amount awarded for the term is based on all information provided in the application.
- The award will not cover a course being repeated.
- It is my responsibility to submit a copy of the registration and bill each term.
- A check for the tuition and fee charges for approved courses, or a portion thereof, will be made payable to the college.
- I must sign a legally binding contract, which outlines the conditions under which I am accepting tuition assistance from UM Memorial Hospital Foundation Scholarship/Loan Program.
- I am responsible for keeping the administrator of this scholarship/loan informed of my educational progress, including graduation.
- Once I complete the program of study, I must submit a final transcript indicating completion/graduation to UM Memorial Hospital Foundation, Inc. (or designee).
- Once I receive my RN license, I must provide UM Memorial Hospital Foundation, Inc. (or designee) with a copy.
- Once I accept an RN position, I must provide UM Memorial Hospital Foundation, Inc. with the name and address of employer, position accepted, and verification of employment status (i.e.: full time, part time, etc.).

I further understand that misrepresentation or omission of facts called for in this application is cause for rejection of this application. I acknowledge that all information provided in this application is correct to the best of my knowledge. Falsification of information will result in the scholarship/loan becoming immediately due and payable to UM Memorial Hospital Foundation, Inc.

I have read and understand the information above.

Applicant's Signature

Date

Updated: July 2019