

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, 121 Federal Street, Suite 2, Easton MD 21601.** **Deadline for applying for Fall 2021 funding is Thursday, August 5, 2021. You must include proof of your completed background check with the application.**

NAME: _____
 First MI Last Maiden

ADDRESS: _____
 If PO Box #, include 911 address

 City State Zip County

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

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

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, HOME MAKING, 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
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

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

Provide a copy of your Chesapeake College Nursing Program Admission Worksheet and proof of completed background check.

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. Each letter of recommendation must also include a completed evaluation form with emphasis on attitude, enthusiasm, character, maturity, 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.
- I must participate in UM Shore Regional Health's collegiate nurse program (per diem) after second semester of ADN program.
- 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