



Calvert Memorial Hospital

Tradition. Quality. Progress.

100 Hospital Rd.
Prince Frederick, MD 20678

Scholarship Application Packet

Instructions:

1. Complete the Application Form as completely and neatly as possible. Do not leave blank spaces.
2. Contact the references you have listed on the Application and provide them with the reference questionnaires. It is advisable to also provide them with envelopes addressed to:

Connie Trott, Manager Benefits and Operations
Calvert Memorial Hospital
CMH Foundation Scholarship Program
c/o Human Resources Department
100 Hospital Road
Prince Frederick, MD 20678
3. Obtain copies of high school and college transcripts and attach to completed application along with notification of acceptance to an accredited program.
4. Sign and date application.
5. Return completed application to the hospital **prior to the filing deadline** as outlined in the program guidelines. Incomplete applications (i.e. missing references, transcripts, etc.) as of the filing deadline will not be considered.

SCHOLARSHIP PROGRAM GUIDELINES

We appreciate your interest in the Scholarship Program sponsored by the Calvert Memorial Hospital Foundation, Inc. These guidelines are presented to answer questions you may have concerning the awards.

1 WHO IS ELIGIBLE TO APPLY?

- A. Any full-time student who is presently accepted at an accredited school of nursing or other health care curriculum offering a course of study leading to licensure as a Practical or Registered Nurse or other health related classification.
- B. Applicants must have been a resident of Maryland for at least one (1) year; preference will be given to residents of Calvert County and Anne Arundel County.

2 DOES FINANCIAL NEED AFFECT ELIGIBILITY?

While financial need as determined by the number of other scholarship grants and resources an individual has is reviewed by the committee and may affect the amount of assistance granted, it is not the sole or overriding determinant. The CMH Foundation, Inc. is interested in selecting the best possible candidates for the awards.

3 WHAT SPECIFIES THE AWARDS?

- A. The awards are pre-determined scholarships.
- B. There is no pay back attached to this scholarship, either in cash or in hours worked.

4 HOW AND WHEN TO APPLY?

- A. Fill out accompanying application which includes three (3) reference questionnaires to be submitted to:

Connie Trott, Manager Benefits and Operations Calvert
Memorial Hospital
CMH Foundation Scholarship Program
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- B. Application filing deadline is **April 15** for the following Fall and Spring semesters.

5 IS RE-APPLICATION NECESSARY FOR CONTINUAL FINANCIAL ASSISTANCE?

Yes, interested parties need to reapply each year by April 15th for continuation of the scholarship for the next school year.

Any further questions concerning the program may be directed to Ms. Connie Trott, Manager Benefits and Operations, Calvert Memorial Hospital, (410) 535-8120.

Complete Application: Application, Essay (see #19 on Application Form), transcripts, acceptance letter, all references. If you experience difficulty in meeting the appropriate deadline, contact Connie Trott, Manager Benefits and Operations, Calvert Memorial Hospital, (410) 535-8120.

10. LIST HIGH SCHOOLS AND COLLEGES ATTENDED TO DATE:

Name	City, State	Dates Attended	Diploma Date

High School and college transcripts are required. Please submit transcripts with your completed application.

11. SCHOOL FOR WHICH ASSISTANCE IS DESIRED: _____
12. INDICATE THE CURRICULUM IN WHICH YOU ARE ENROLLED _____
(Ex. Registered Nursing)
13. HAS YOUR ADMISSION BEEN APPROVED? YES _____ NO _____
Please attach letter of acceptance
14. WHEN WILL YOU GRADUATE? _____
Month Year
15. ARE YOU CURRENTLY RECEIVING OR APPLYING FOR VA BENEFITS:
YES _____ NO _____
16. ANTICIPATED EXPENSES **PER SEMESTER**:
- TUITION _____
- BOOKS _____
- PERSONAL (please itemize) _____
- TOTAL PER SEMESTER** _____

17. LIST ALL SCHOLARSHIPS, LOANS, AND GRANTS PREVIOUSLY AWARDED TO YOU, CURRENTLY PENDING, OR APPLIED FOR:

NAME OF SCHOLARSHIP AND SPONSOR	YEAR AND DURATION	\$ AMOUNT AWARDED	Previous Award	Current Year	Applied For

18 LIST THREE MOST RECENT EMPLOYERS:

<u>Dates</u>	<u>Employer & Address</u>	<u>Position</u>	<u>Reason for leaving</u>

19. IN A SHORT ESSAY OF 150 WORDS OR LESS, PLEASE EXPLAIN WHY YOU HAVE CHOSEN NURSING OR OTHER HEALTH RELATED CAREER AS YOUR CAREER PURSUIT. Please use a separate piece of 8 1/2 x 11 bond paper and attach. Please be sure your name is on your essay.

20. LIST THREE (3) REFERENCES THAT WILL PROVIDE COMMENTS CONCERNING YOUR ABILITIES. ONE MUST BE A PREVIOUS OR CURRENT INSTRUCTOR, AND, IF EMPLOYED, YOUR PRESENT EMPLOYER. IF NOT EMPLOYED, ONE MUST BE YOUR IMMEDIATE PAST EMPLOYER. THE REMAINING MAY BE ACQUAINTANCES OTHER THAN PARENTS AND RELATIVES.

(1) N a m e _____
Address _____

Phone _____ Occupation _____

(2) N a m e _____
Address _____

Phone _____ Occupation _____

(3) N a m e _____
Address _____

Phone _____ Occupation _____

PLEASE STRESS TO YOUR CHOSEN REFERENCES TO RETURN THEIR QUESTIONNAIRES BY THE APPLICATION DEADLINE.

I CERTIFY THE ABOVE INFORMATION TO BE CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE / DATE

CMH FOUNDATION, INC.

The person named below is being considered for one of the Scholarship Awards given by the CMH Foundation, Inc. Scholarship Program. We would appreciate your confidential comments concerning the applicant's academic ability and personal qualities.

SCHOLARSHIP COMMITTEE

APPLICANT'S NAME _____

	LOW	AVERAGE	HIGH	VERY HIGH
1. Punctuality				
2. Responsibility				
3. Follows directions				
4. Works independently				
5. Works well with others				
6. Manners & General Attitude				
7. Academic Achievement				

COMMENTS:

PLEASE MENTION ANY ADDITIONAL INFORMATION WHICH MIGHT HELP IN EVALUATING THIS INDIVIDUAL'S APPLICATION:

(use reverse if necessary)

OVERALL RECOMMENDATION:

NOT RECOMMENDED

RECOMMENDED (with reservations)

RECOMMENDED

HIGHLY RECOMMENDED

SIGNATURE _____

DATE _____

PLEASE RETURN TO SCHOLARSHIP COMMITTEE BY APRIL 15th

**Return to: Connie Trott, Manager Benefits and Operations
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Please sign all three areas

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I voluntarily give Calvert Memorial Hospital permission to make a thorough investigation of my educational background and past employments and all other facts within my application for employment and release from liability or responsibility all persons, places of business and municipalities supplying such information.

Signature: _____

Date: _____

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