



Calvert Memorial Hospital

Tradition. Quality. Progress.

Calvert Memorial Hospital Scholarship Application Packet

This packet contains:

1. Program Guidelines
2. Application for financial assistance
3. Reference questionnaires

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:

Calvert Memorial Hospital
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 Calvert Memorial Hospital. 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. CMH 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 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:

Calvert Memorial Hospital
c/o Human Resources Department
100 Hospital Road
Prince Frederick, MD 20678

- 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.

Complete Application: Application, Essay (see #19 on Application Form), transcripts, acceptance letter, all references. If you experience difficulty in meeting the appropriate deadline, or have any further questions concerning the program, contact Human Resources, Calvert Memorial Hospital, (410) 414-4664.

CALVERT MEMORIAL APPLICATION FOR FINANCIAL ASSISTANCE

(Please type or print clearly)

Basic Information:

1. Name _____
Last First Middle (or Initial)

2. Social Security Number _____ Telephone Number _____

3. Address _____
(number, street)

(city, state, zip)

(County)

4. Temporary Address _____
(if different from home address)

5. Date of Birth _____
(month/date/year)

6. Marital Status:
Married _____ Single _____ Separated _____ Divorced _____
Children _____ Ages _____

7. Parents Names (if a minor) _____

8. List a brother, sister or other relative or close friend, other than your parents or another student, who will likely keep in touch with you if your permanent address changes:

Mr./Miss/Mrs. _____ Relationship _____

Address _____
(no. & street) (city) (state) (zip)

Telephone _____

9. List community activities in which you participate (e.g. civic organizations, volunteer experiences)

10. List high schools and colleges attended to date:

<u>Name</u>	<u>City, State</u>	<u>Dates Attended</u>	<u>Diploma Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:

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

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) Name _____

Address _____

Phone _____

Occupation _____

(2) Name _____
Address _____

Phone _____ Occupation _____

(3) Name _____
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



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Calvert Memorial Hospital
 Scholarship program

The person named below is being considered for one of the Scholarship Awards given by Calvert Memorial Hospital. 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 for both Spring and Fall Semester's.

Return to: Calvert Memorial Hospital
 Scholarship Program
 c/o Human Resources Department
 100 Hospital Road
 Prince Frederick, MD 20678