

BRMC SCHOLARSHIP APPLICATION

PLEASE INDICATE WHICH SCHOLARSHIPS YOU ARE APPLYING FOR: YOU MAY ONLY BE THE RECIPIENT OF ONE SCHOLARSHIP AT A TIME. THE DECISION FOR WHICH SCHOLARSHIP YOU WILL RECEIVE WILL BE AT THE SOLE DISCRETION OF THE SCHOLARSHIP COMMITTEE.

Employee Education Assistance Scholarship

Employee RN to BSN Scholarship

Eligibility Criteria:

- Full time BRMC employee (80 hrs/pp) for at least one year, or a part time employee (minimum 60 hrs/pp) for at least two years.
- Must have, and maintain a positive work record with BRMC.
- Must maintain a minimum of 32 hours a pay period while attending college.

Scholarship:

- Maximum available per semester is \$2,000 for undergraduate programs and \$2,500 for graduate programs.
- Summer is ONE semester
- Online courses up to \$6,000 per year for undergraduate and \$7,500 per year for graduate programs.

- Tuition and books for required classes of the program.
- Not covered are infrastructure fees, Arkansas assessment fees, non-credit courses and college preparatory classes in math, composition, and reading.

Caroline Austino Trust Fund

- Employment at Baxter Regional Medical Center is not required.
- Financial assistance needed.
- Education must be for a medical profession.

Ruth Elizabeth Anderson and Mary Jane Downes Trust Endowment Fund

Eligibility Criteria:

- Employment at Baxter Regional Medical Center is not required.
- Financial assistance needed.
- Education must be for LPN, RN, BSN, MSN, EMT, or Paramedic program.

Scholarship:

- **Maximum available for online courses is up to \$6,000 per year for undergraduate and \$7,500 per year for graduate programs.**
- Tuition, fees, and books for required classes of the program.

Arthur F. Baker and Bonny B. Baker Nursing Education Scholarship Trust Fund

Eligibility Criteria:

- Employment at Baxter Regional Medical Center is not required.
- Financial assistance needed. Preference is given to single parents.
- Education must be for LPN, RN or BSN.

Scholarship:

- Maximum available per semester is \$1,000.
- Assistance from all other scholarships and aid must be used first, except for Pell Grants.
- Tuition, books and fees for required classes of the program.
- College preparatory classes in math, composition and reading are not covered.

William H. Nelson Nursing Scholarship

Eligibility Criteria:

- Must be a resident of Baxter or Marion County.
- Education must be for LPN, RN or BSN.

Scholarship:

- Maximum available per semester is \$1,500. Online courses up to \$4,500 per year. Summer is ONE semester.
- Tuition and books for required classes of the program.
- Not covered are infrastructure fees, Arkansas assessment fees, non-credit courses and college preparatory classes in math, composition, and reading.

STUDENT INFORMATION:

Name: _____ (Maiden Name, if married)

Social Security Number: _____-_____-_____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

State and County of Legal Residence: _____

Home Telephone Number: _____-_____-_____ Work/Cell Telephone Number: _____-_____-_____

EMAIL Address: _____

Applying for Year: _____

Semester: Spring____ Summer I____ Summer II____ Fall____

School Enrolled In: _____

Year in school currently: _____ (C=College, V=Vocational, H=High School, and 1, 2, 3, or 4 for years.
Example: C1=College Freshman, V1=First-Year Vocational Technical Student, ECT.)

College Expected to Attend: _____

Major: _____

Expected Graduation Date (College/Vocational-Technical School): _____

Have you ever been employed by Baxter Regional Medical Center? ____Yes ____No

____Currently BRMC Hire Date_____ Scheduled Hours Per Pay Period_____

Department_____ Job Title_____ Shift_____

If YES previously, please print the name you used at the time of your employment:_____

If NO, are you currently employed and where:_____

SCHOLARSHIP INFORMATION:

Have you previously received Scholarship Assistance thru BRMC? __YES __NO WHEN_____

Have you received or are you going to receive any other scholarships? ____Yes ____ No

(Do not include loans or work study information)

List names of other scholarships/grants you have received or expect to receive and the amount from each source:

PERSONAL INFORMATION: (ALL SCHOLARSHIPS EXCEPT BRMC EMPLOYEE EDUCATION ASSISTANCE)

*** ATTACH HIGH SCHOOL OR COLLEGE TRANSCRIPT.

APPLICANT'S LETTER: (ALL SCHOLARSHIPS – 1ST TIME ONLY FOR BRMC EMPLOYEE EDUCATION ASSISTANCE AND RN/BSN)

* The Applicant is to write a letter requesting and outlining career goals and financial needs.

AGREEMENT

The attached applicant letter accurately and completely sets forth my current income and represents my ability to pay for the costs of education.

I represent that:

A) The information I have provided is complete and accurate and may be relied upon by the Scholarship Committee.

B) I will notify the Scholarship Committee immediately of any material change in any such information occurring after the date of submission of this statement.

C) I understand and agree that if I successfully complete the education program I have entered, I will be required to obtain a temporary license to practice as soon after graduation as possible and obtain a date to take the State Nursing Board examination. I will apply for employment at Baxter Regional Medical Center or one of its subsidiaries, if not already employed.

D) I understand that if Baxter Regional Medical Center chooses to hire me or if already employed at BRMC, in order to avoid any repayment of the Scholarship, I must work for Baxter Regional Medical Center for a minimum 60 hours per pay period; (BRMC Employee Education Assistance, RN/BSN, Austino, Anderson Downes, William Nelson and US Bank) - 6 months for every \$1,500 scholarship money I received. I understand that my obligation of time worked will begin after I complete my degree for which I am receiving education assistance and I am working in a position that is directly related to the degree I have received. I understand that my acceptance of this scholarship and my agreement to work at BRMC does not guarantee me a specific department or shift. If for any reason my employment at BRMC should terminate, either by myself or by the hospital prior to my meeting the above obligation, I agree to repay BRMC all education assistance received. I authorize BRMC to deduct any scholarship money I should owe because I failed to meet the employee responsibility on this agreement from my paycheck. I understand that if my net check does not cover the amount owed, it will be my responsibility to repay the balance. (Austino, Anderson Downes, US Bank, William Nelson, BRMC Employee Educational Assistance and RN/BSN) I also understand that BRMC will bill me directly if I fail to meet the required criteria for eligibility and the amount owed may be referred to a third party collection agency and/or other legal action as applicable by Arkansas statutes.

E) I understand that Baxter Regional Medical Center is under no obligation to hire me, and if Baxter Regional Medical Center chooses not to hire me I will not be required to pay back any money to the program.

F) I agree to contact Human Resources if I fail to complete the program for which I have received the scholarship.

G) You must maintain the required grade level for the program you are enrolled in, in order to continue receiving the scholarship. I understand that if my grades fall below the required level for the program or I do not complete the education program for any reason, I will be required to pay back any money I have received from the scholarship fund.

H) Retirement Exception: If I have been employed at BRMC for a minimum of 15 years, 5 of which occurred after completion of my highest advanced degree for which I received a scholarship from BRMC, and I retire from BRMC at the federal retirement age guideline as an employee in good standing, my commitment will be considered fulfilled. This exception does not include early retirement.

IN WITNESS WHEREOF, the undersigned has executed this document on this _____ day of _____, 20_____.

By signing this document, I understand and agree to its terms.

Signature

Signature of legal guardian if applicable

EMPLOYEE EDUCATION ASSISTANCE PROGRAM OR RN to BSN SCHOLARSHIPS ONLY
FIRST TIME APPLICANT ONLY

Please explain how your getting this education will benefit BRMC:

Nurse Leader / Dept. Head Recommendation:

Attach or include your academic curriculum:

By signing this agreement I am indicating the applicant is in good standing with BRMC, and I recommend them for the Employee Education Assistance Program scholarship. Also, the employee has made arrangements with me if they need work time off for class. This education for this employee will provide me a benefit by_____

Supervisor_____Date_____

Please print supervisor name_____

APPLICATION DEADLINE

Spring SemesterOctober 1

Summer I, II Terms and Interim.....April 1

Fall Semester.....May 1

Return completed application to:

Baxter Regional Medical Center

624 Hospital Drive

Mountain Home, AR 72653

Attention: Diane Novotny, Scholarship Administrator

Baxter Regional Medical Center

Human Resources

(870) 508 – 1058

dnovotny@baxterregional.org