



**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.**

**ALL APPLICANTS MUST DEMONSTRATE PERMANENT RESIDENCY IN THE BAXTER REGIONAL SERVICE AREA, INCLUDING THE ARKANSAS COUNTIES OF BAXTER, MARION, FULTON, IZARD, SHARP, STONE, SEARCY, AND THE MISSOURI COUNTIES OF OZARK, HOWELL, TEXAS AND DOUGLAS.**

       ***BRMC Employee Education Assistance Scholarship***  
       ***BRMC Employee RN to BSN Scholarship***

**Eligibility Criteria:**

- Full time BRMC employee 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.
- Maximum available for online courses is up to \$6,000 per year for undergraduate and up to \$7,500 per year for graduate programs.
- Summer is One semester.
- Tuition and books for required classes of the program are covered.
- Not covered are infrastructure fees, Arkansas assessment fees, non-credit courses and college preparatory classes in math, composition, and reading.

       ***Caroline Austino Trust Fund***

**Eligibility Criteria:**

- Employment at Baxter Regional Medical Center is not required while pursuing degree.
- Financial assistance needed.
- Education must be for a medical profession.
- Scholarship amount determined by Scholarship Committee.

       ***Ruth Elizabeth Anderson and Mary Jane Downes Trust Endowment Fund***

**Eligibility Criteria:**

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

**Scholarship:**

- Maximum available per semester is \$5,000.00.  
\*Scholarship amount determined by Scholarship Committee.
- Tuition, fees, and books for required classes of the program are covered.

       ***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 are covered.
- College preparatory classes in math, composition and reading are not covered.

**Form must be filled out completely. Failure to do so may result in your application not being considered.**

**APPLICANT INFORMATION:**

Name:		
Social Security Number: ____ - ____ - ____		
Mailing Address:		
City:	State:	Zip Code:
State and County of Legal Residence: _____		
Home/Cell Telephone Number: ____ - ____ - ____		Work/Cell Telephone Number: ____ - ____ - ____
EMAIL Address:		
Applying For	Year:	Semester: Spring <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II <input type="checkbox"/> Fall <input type="checkbox"/>
College / University Applying To:		
Major:		
Applying for: Full Time (12 or more credit hours) <input type="checkbox"/> Part Time (6-8 credit hours or less) <input type="checkbox"/>		
Expected Completion Date:		
College/Vocational/High School Currently Attending:		
Current Year in School: C <input type="checkbox"/> V <input type="checkbox"/> H <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
<small>(C= College, V= Vocational, H= High School and 1, 2, 3 or 4 years) (Example: C1= College Freshman)</small>		
Have you ever been employed by BRMC? Yes <input type="checkbox"/> Currently <input type="checkbox"/> No <input type="checkbox"/>		
If yes, BRMC Hire Date: ____ / ____ / ____		If currently employed, Scheduled Hrs / PP:
Department	Job Title	Shift
Name used at time of previous employment:		
If no, are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/> Name of employer:		

**SCHOLARSHIP INFORMATION:**

Have you previously received Scholarship Assistance thru BRMC? Yes <input type="checkbox"/> No <input type="checkbox"/> When?
Have you received or are you going to receive any other scholarships? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(Do Not include loans or work study information.)</small>
List names of other scholarships/grants you have received or expect to receive & the amounts from each source:

**DOCUMENTS TO BE ATTACHED:**

Unofficial High School or College Transcript (Must contain applicants' name.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Letter written by Applicant outlining career goals and financial needs.	Yes <input type="checkbox"/> No <input type="checkbox"/>

**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) - 6 months for every \$3,000 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 paychecks. 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, 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 understand that if I am awarded the scholarship and take prerequisite classes for the program for which I have received the scholarship, and I do not get accepted into the program for any reason, I will immediately notify Human Resources. I understand that I will be required to pay back all money I have received from the scholarship fund.
- G) In order to continue receiving the scholarship I understand that I must maintain the required grade level for the program I am enrolled in. 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

**CURRENT BRMC EMPLOYEES ONLY**

Please explain how obtaining this education will benefit BRMC: (To be completed by applicant.)

Nurse Leader / Department Head Recommendation: (To be completed by Leader / Department Head)

Attach or include your academic curriculum: (To be completed by applicant.)

By signing this agreement I am indicating the applicant is in good standing with BRMC, and I recommend applicant for the Employee Education Assistance Program scholarship. Also, the employee has made arrangements with me should the need arise to be scheduled off work for class. This continuing education outlined for this employee will provide me a benefit by:

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Please print supervisor name \_\_\_\_\_

**APPLICATION DEADLINES**

Spring Semester .....October 15  
Summer I, II Terms and Interim.....April 1  
Fall Semester.....June 30

**Return completed application to:**

Baxter Regional Medical Center  
624 Hospital Drive  
Mountain Home, AR 72653

**Attention:** Kim Beavers, Human Resources Recruiter  
(870) 508 – 1070  
kbeavers@baxterregional.org