

Sailfish Point Foundation Nursing Scholarship 2016



*Scholarship Deadline
Monday, December 19, 2016*

SCHOLARSHIP PROGRAM CHECK LIST

UTILIZE THIS CHECK LIST TO ENSURE THAT YOU HAVE SUBMITTED ALL DOCUMENTS REQUIRED FOR SCHOLARSHIP CONSIDERATION

- ◆ DO NOT STAPLE any of the forms, please use a paperclip
- ◆ Submit all items in the order (1-8) listed below
- ◆ Do not submit in a binder or other report cover
- ◆ Refer to the following instruction pages for specific information related to this checklist

1. <input type="checkbox"/> Completed Application. (Only the application, not the instruction pages.)
2. <input type="checkbox"/> Two letters of recommendation. (Copies of the attached reference form may be used).
3. <input type="checkbox"/> A typed essay (500-1000 words maximum, double-spaced in 12 point font such as Calibri, Arial or Times New Roman). Essay topic: "The impact of nursing education on the changing needs of healthcare?"
4. <input type="checkbox"/> Complete financial data page. This information is used along with the requested income information to determine the level of financial need. Providing too little, or inaccurate information could result in a determination that your family is financially able to contribute to your education.
5. <input type="checkbox"/> Copy of 2015 W-2. (If dependent, parents info). See guidelines on page 4.
6. <input type="checkbox"/> A copy of your driver's license or state ID as proof of Martin county residency
7. <input type="checkbox"/> Copy of the most recent OFFICIAL transcript with state GPA. This requirement is non-negotiable; please plan accordingly to apply by the deadline. See specific guidelines on the following page.

COMPLETED APPLICATIONS MUST BE RECEIVED ON, OR BEFORE Monday, December 19, 2016. This deadline is non-negotiable. Incomplete applications will not be considered. NO EXCEPTIONS!

Applications not received by mail or in person by the deadline will not be accepted. **The deadline date is NOT a postmark date.** Transcripts and references may be sent separately as long as all required components of the application are received by the deadline. Transcripts **MUST BE** originals, certified by the school's registrar. They may be sent directly from the school to the PO Box address below, or submitted by the applicant as long as they are in an envelope sealed by the school's registrar.

In person or by mail:

**Krysta Stanford
Martin Health System
Clinical Education – 432 SE Osceola St
PO Box 9010
Stuart, FL 34995-9010**

All applicants will be informed of his or her award status in writing. Please allow a reasonable amount of time to receive this correspondence.

Sailfish Point Foundation, Inc. Scholarship Fund, established by the board of directors.

OBJECTIVES

The Sailfish Point Foundation Board of Directors demonstrate their interest and support for nursing workforce development through implementation of a scholarship program for both graduate (MSN)

Use this application for consideration of 2016 award. Other versions will not be accepted.

Revised 11/29/16.

and undergraduate (ASN/BSN) nursing students necessary for the delivery of quality health care to the citizens of Martin County.

AWARDS

There will be seven \$1000 scholarships awarded.

ELIGIBILITY

Scholarship funds are available to:

1. Verifiable residents of **Martin County** that are enrolled in an accredited nursing program.

Award Criteria

Awards: Review of the recipient's progress within their programs may be conducted at any time. Awards are a one-time gift and recipients may reapply annually.

General Criteria

- The applicant must submit a completed application for scholarship on, or before Monday, December 19, 2016.
 - An acceptance letter from the desired college program should accompany the Scholarship Application.
 - A certified transcript from the educational institution is required and may be sent directly to MHS, Clinical Education, Krysta Stanford, PO Box 9010, Stuart, FL 34995-9010; or hand delivered by the applicant so long as the transcript is in an envelope bearing the seal of the registrar.
1. **Essay:** Applicants are required to submit an essay. Essay topic: *"The impact of nursing education on the changing needs of healthcare?"* The essay must be double spaced typed in 12 point, Times New Roman font.
 2. **Scholarship Ability:** Applicants are required to submit evidence of academic achievement as measured by Grade Point Average (GPA).
 - a. High school seniors who will graduate in 2016-17 must demonstrate a State GPA of 3.0 or higher, as verified by an official copy of the transcript from the high school registrar.
 - b. Renewal applicants or college students must demonstrate a minimum institution GPA of 3.0 or higher, as verified by an official copy of the transcript from the college or university registrar.
 - c. Transcripts must be original and certified from the most recent educational institution. They may be mailed directly to Krysta Stanford in the Clinical Education Department at Martin Health System, or hand delivered by the applicant so long as the transcript is in an envelope bearing the seal of the registrar. Copies, unofficial transcripts, or transcripts printed from the internet are unacceptable. Deadlines **WILL NOT** be extended to those whose transcripts do not arrive on or before the deadline. There are no exceptions to this rule.
 - d. No recipient may receive more than four (4) scholarship awards.
 4. **Financial Need:** Applicants are required to submit evidence of financial need. Financial statements must be submitted and will be maintained in confidence by Martin Health System Scholarship Coordinator to meet this criterion. Such statements include:
 - Copy of W-2 for 2015.
 - o Married applicants must submit the W2/tax return(s) that will show the combined household income. If another person claims you as a dependant, you must submit the W2 for the household *along with your own W2.*
 - o If you received unemployment compensation, state financial assistance, and/or disability income in 2015, and no income tax information is available, please submit documentation of the assistance received.
 - Statement of extenuating/unusual circumstances relevant to the financial status of the applicant (such as other elderly dependants)
 5. **Community Service:** The applicant's record of community service is considered.

Obligations:

1. The Martin Health System scholarship coordinator may request grade reports at any time.
2. The recipient must notify the coordinator of any changes in status or personal information. This includes a change of address. All recipients must have a permanent address in Martin County to remain eligible to receive funds. Proof of residency can be requested at any time.
3. A Recipient awarded a scholarship gift is expected to attend the college of his or her choice beginning with the following academic semester, which may include the summer term. However, if after accepting a scholarship award, the recipient finds that he or she is unable to use the gift for any reason, the Martin Health System Scholarship Committee respectfully requests the gift be returned to the scholarship fund for use by other students.

SECTION A: APPLICANT'S IDENTIFICATION INFORMATION

1. Name: _____
2. Permanent mailing address (mail will be sent to this address):
Street address : _____
City/State/Zip: _____
3. Contact Phone Number: Home: _____ Cell: _____
4. Email address: _____
5. Name of educational institution to which you have applied and/or are attending:

6. Have you been **accepted** into the nursing program? _____ Yes _____ No (If you have not yet been accepted you are not eligible to apply)
7. When do you anticipate graduation from your program? (Month/Year) _____

SECTION B: EMPLOYMENT

1. Are you currently employed? _____ Yes _____ No
2. If yes, how many hours per week do you work? _____ hours
3. Name of employer(s): _____
4. How long have you been employed at your present job? Years _____, Months _____
5. Do you plan to work while attending school? _____ Yes _____ No
6. If Yes to #5, how many hours will you work? _____ Hours
7. Have you ever been a volunteer for Martin Health System? YES NO
8. Have you ever received a scholarship from MHS in the past? YES NO, if yes, when _____

SECTION C: PARENTAL AND FAMILY INFORMATION

1. Does anyone claim you as a dependent? _____ Yes _____ No **(If no, go to question #8).**
2. Who classifies you as a dependent? _____
3. Are both of your parents living? _____ Yes _____ No
4. Parents' Martial Status: ☐ S ☐ M ☐ D ☐ W
5. Father's occupation/employer: _____
6. Mother's occupation/employer: _____
7. Number of family members currently living in your household: _____
(Include yourself, your parents, your parents' other children and any other people if they are legally dependent upon your parents for support.)
8. Do you have legal dependents (other than spouse)? _____ Yes _____ No
9. If you have dependents other than a spouse, how many are in each of the following age groups:
0-5 _____ 6-12 _____ 13+ _____ Elderly Parents _____

SECTION D: EDUCATIONAL BACKGROUND

1. High school: _____
2. When will you or did you graduate? _____
3. List all academic honors/activities/clubs/etc., include dates:

4. List all colleges, technical or post-secondary schools that you have attended including dates.

5. List college academic honors/activities/clubs/etc.:

SECTION E: COMMUNITY SERVICE

List any volunteer organizations, community organizations or community service activities you have done in the past two years and the name of the person you report to: (i.e., PTA/school related activities/coaching, soup kitchen, heart/cancer walks, church related activities, etc.)

_____ Organization & event(s) participated in	_____ Name of person reported to	_____ # of hours
_____ Organization & event(s) participated in	_____ Name of person reported to	_____ # of hours
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SECTION F: REFERENCES (Use attached forms)

- If employed, submit one of the two required references from your immediate supervisor.
- If not employed, submit two references from two responsible, non-related adults such as a community or church leader, teacher, academic advisor, or former employer.

SECTION G: Essay: Complete your essay (500-1000 words) double spaced, on a separate sheet
Essay topic: "The impact of nursing education on the changing needs of healthcare?"

SECTION H: FINANCIAL INFORMATION

Current Monthly Income: (*Must submit all 2015 W-2 forms)

If you have any extenuating circumstances in your family, please indicate:

Is there any other information you wish to share regarding your financial situation?

SECTION I: CERTIFICATION

All the information on this form and the attached supplemental information is true and complete to the best of my knowledge. I agree to provide proof of the information that I have given on this form if requested.

Applicant's Signature

Date

Only **two** reference letters are necessary. If you already have current reference letters on another form or letterhead, you may submit those instead. References should come from a teacher, guidance counselor, or employer.

Please complete and return this form to the applicant or to:
Martin Health System
Krysta Stanford/Clinical Education – 432 SE Osceola St.
PO Box 9010
Stuart, FL 34995

CONFIDENTIAL REFERENCE FORM
(Please complete all sections)
THIS FORM MAY BE PHOTOCOPIED

Dear _____
Name of reference

I am applying for aid from Martin Health System and Sailfish Point Foundation to further my career goals in the healthcare field. I have been accepted/applied for admission to _____ (institution). I request that you complete this form and return it to the person listed above:

Name of applicant _____

Signature of applicant _____

Reference Name: (Print) _____

Address: _____

How long have you known the applicant? _____

In what capacity? _____

State your comments regarding the applicant below. You may wish to include the following:

Rating of job performance _____

Initiative _____

How committed do you feel the applicant is to achieving his or her goals? _____

Maturity and stability _____

Adaptability _____

Honesty and integrity _____

Comments _____

Reference name: _____ Signature: _____

Address: _____

Phone#: _____ email: _____