



Newton Memorial Hospital Nursing Education Program

THE PROGRAM

Newton Memorial Hospital Foundation has established an Education Program to assist students who plan to enroll as RN undergraduates and who are interested in working at Newton Memorial Hospital. Renewable awards are offered each year for full-time study at specified schools in New Jersey (NJ) to students seeking an associate's degree in nursing.

This program is administered by Scholarship Management Services[®], a division of Scholarship America[®]. Scholarship Management Services is the nation's largest designer and manager of scholarship and tuition reimbursement programs for corporations, foundations, associations and individuals. Awards are granted without regard to race, color, creed, religion, sexual orientation, age, gender, disability or national origin.

ELIGIBILITY

Applicants to the Newton Memorial Hospital Nursing Education Program must be -

- high school seniors or graduates who plan to enroll with the intent to be accepted into the full-time undergraduate RN program at one of the following specified schools: Sussex County Community College/PCC, Newton, NJ; Morris County Community College, NJ; Bergen County Community College, NJ; or Warren County Community College, Washington, NJ for the upcoming academic year.
 - willing to sign a contractual agreement with Newton Memorial Hospital for a two-year (full-time) or three-year (part-time) work commitment as a Registered Nurse.
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AWARDS

If selected as a recipient, the student will receive a \$4,000 award disbursed in equal installments of \$2,000 per semester. Up to two (2) awards will be granted. Awards may be renewed one additional year or until an associate's degree is earned, whichever occurs first. Renewal is contingent upon maintaining a passing grade average in full-time enrollment in the RN program at one of the specified schools and continuation of the program by Newton Memorial Hospital Foundation.

Awards are for undergraduate study only.

APPLICATION

Interested students must complete the application and mail it with a current, complete transcript of grades to Scholarship Management Services postmarked no later than **February 15**. Grade reports are not acceptable. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. Applicants will receive acknowledgment of receipt of their application. If an acknowledgment card is not received within three weeks, applicants may call Scholarship Management Services to verify the application has been received.

Applicants are responsible for gathering and submitting all necessary information. Applications are evaluated on the information supplied; therefore, answer all questions as completely as possible. Incomplete applications will not be evaluated. All information received is considered confidential and is reviewed only by Scholarship Management Services.

SELECTION OF RECIPIENTS

Recipients are selected on the basis of academic record, demonstrated leadership and participation in school and community activities, honors, work experience, statement of goals and aspirations, unusual personal or family circumstances, and an outside appraisal. Financial need is not considered.

Selection of recipients is made by Scholarship Management Services. In no instance does any officer or employee of Newton Memorial Hospital Foundation play a part in the selection. All applicants agree to accept the decision as final.

Applicants will be notified in late March. Not all applicants to the program will be selected as recipients.

EMPLOYMENT CONSIDERATION

Recipients of this program are required to sign a contractual award agreement with Newton Memorial Hospital. This commitment by the recipient shall not be construed as a contract of employment and shall not limit Newton Memorial

Hospital's right to terminate the recipient at any time with or without notice and with or without cause. Recipients of this program shall have a similar right; however, default repayment may occur.

In the event the Hospital should terminate a recipient's employment for any reason other than cause, or poor performance, the recipient shall not be required to reimburse the Hospital for the amount paid by the Newton Memorial Hospital on behalf of the recipient while attending one of the designated colleges.

PAYMENT OF AWARDS

Scholarship Management Services processes payments on behalf of Newton Memorial Hospital Foundation. Payments are made in equal installments on August 15 and December 30. Checks are mailed to each recipient's home address and are made payable to the school for the student.

Award Payment Disclosure: while enrolled in one of the designated colleges and all obligations being met:

AWARD PAYMENT DATE:	AMOUNT:	CONTRACTUAL BALANCE:	INTEREST RATE:
August 15, 2010	\$2,000.00	\$2,000	0%
December 30, 2010	\$2,000.00	\$4,000	0%

If eligible and approved for award renewal:

August 15, 2011	\$2,000.00	\$6,000	0%
December 30, 2011	\$2,000.00	\$8,000	0%

OBLIGATIONS

Recipients must sign a contractual award agreement with Newton Memorial Hospital. This agreement stipulates the total award amount is due and payable by the recipient to the Newton Memorial Hospital Foundation if the recipient defaults as constituted by any of the following conditions:

1. Failure to timely graduate with an associate's degree in nursing
2. Voluntary withdrawal or a leave of absence from school without good cause or the school's consent
3. Failure to maintain a passing grade average as defined and determined by the school
4. Expulsion for failure to abide by the rules and regulations established by the school
5. Failure to remain employed at the Newton Memorial Hospital for two (2) successive years if "full-time" or three (3) successive years if attending the program on a "part-time" basis after graduation for any reason, except death or disability.

Recipients are also required to notify Scholarship Management Services of any changes in address, school enrollment, or other relevant information and to send a complete transcript when requested.

GRADUATION

Upon graduation from one of the designed colleges, Newton Memorial Hospital agrees to consider each recipient of this program for a position as a registered nurse at its facility. If offered by the Hospital, the recipient hereby agrees to accept same (*position*) and work at the Hospital for two (2) successive years if "full time," three (3) years if obtaining the program on a "part time" basis, as a registered nurse in such areas of the Hospital as the Hospital, in its sole discretion, may from time to time determine. The placement at Newton Memorial Hospital will be made in accordance with the Hospital's needs, as well as the recipient's particular interests and capabilities. While employed at the Hospital, the recipients of this program shall be compensated and be entitled to all benefits provided to similarly situated nursing personnel so employed by Newton Memorial Hospital.

REVISIONS

Newton Memorial Hospital Foundation reserves the right to review the conditions and procedures of this Education Program and to make changes at any time including termination of the program.

ADDITIONAL INFORMATION

Questions regarding the Education Program should be addressed to:

Newton Memorial Hospital Nursing Education Program
Scholarship Management Services
One Scholarship Way
Saint Peter, MN 56082

Telephone: (507) 931-1682





Newton Memorial Hospital Nursing Education Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline February 15

FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____
 Permanent Home _____
 Mailing Address _____ Apartment # _____
 City _____ State _____ ZIP Code _____
 Telephone (_____) _____ Email Address _____
 Social Security Number _____ Date of Birth: Month _____ Day _____ Year _____
 Please indicate your status. (For statistical purposes only) Male Female
 American Indian/Alaska Native Black/African American Multi-Racial White
 Asian Hispanic/Latino Native Hawaiian/Pacific Islander

PARENT OR GUARDIAN INFORMATION

Last Name _____ First _____ Middle Initial _____
 Address _____
 Relationship to Applicant _____ Day Telephone (_____) _____
 Email Address _____

HIGH SCHOOL DATA

School Name _____ High School Graduation Date: Month _____ Year _____
 City _____ State _____ Telephone (_____) _____

POST-SECONDARY SCHOOL DATA

Indicate which of the eligible schools you plan to attend (check one):

Bergen County Community College, New Jersey
 Morris County Community College, New Jersey
 Sussex County Community College/PCC, Newton, New Jersey
 Warren County Community College, Washington, New Jersey

Year in school **next** year: 1 2 3 4

Major or course of study: _____ Expected college graduation date: Month _____ Year _____

Degree sought: Bachelor Associate Certificate Other _____

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week. List amounts earned at each job.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Amount Earned

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. **Indicate whether high school or college activities.**

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser: *You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.*

The applicant's choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: _____

Appraiser's Name _____ Title _____ Telephone (_____) _____

Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

- 1. Students currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. (Completion of high school information below is not necessary.)
- 2. High school seniors and students who have completed less than one full quarter or semester** of postsecondary education **must** include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the high school's grading scale must also be submitted.)**

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average	SAT			ACT				
	Weighted: _____/4.0 scale	Critical Reading	Math	Writing	English	Math	Reading	Science	Composite
	Unweighted: _____/4.0 scale								

School Official's Signature _____ Date _____ Title _____ Telephone (_____) _____

School Official's Address: Street _____ City _____ State _____ ZIP Code _____

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to:

Newton Memorial Hospital Nursing Education Program
Scholarship Management Services
One Scholarship Way
Saint Peter, MN 56082

Postmark deadline February 15

CERTIFICATION

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted.

*I have read and understand the terms of employment consideration and default repayment requirements of this program (as stated in the Guidelines of this program under the sections titled: **EMPLOYMENT CONSIDERATIONS, PAYMENT OF AWARDS, OBLIGATIONS and GRADUATION**). If selected as a recipient I am willing to sign a contractual award agreement with Newton Memorial Hospital.*

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____
(required if applicant is under age 18)