



Mercy Health Foundation Mahoning Valley

Nursing Scholarship

FAMILY MEMBERS of Mercy Health Youngstown Employees

For approved, accredited courses taken between Fall 2020 through Spring 2021.

Scholarships may be applied to accredited nursing programs exclusively.

Nursing scholarships are awarded by Mercy Health Foundation Mahoning Valley to eligible and deserving applicants whose parent or spouse is employed by Mercy Health and is working in the Youngstown region. Applicants must be pursuing bachelor's, master's or doctoral degrees in nursing.

Scholarships may be used for tuition, fees and instructional materials.

The value of scholarship awards varies. The lifetime maximum for each scholarship recipient is four annual scholarships applied toward a BSN program, and two annual scholarships applied toward a MSN or DNP/Ph.D. The cumulative value of scholarships must not exceed \$20,000.

Criteria:

- Applicant must be the child or spouse of a Mercy Health employee working in the Youngstown region.
- Employee must:
 - be on active status (not on leave from work for any reason)
 - work a minimum of 16 hours per week
 - have completed two years of service within MHY
 - be in good standing (must be at an “effective contributor level” or better with no suspensions or probations since March 31, 2019.)
- Applicant must be formally accepted (matriculated) into the BSN, MSN or DNP/Ph.D. program at an accredited college or university and must submit official documentation from the university designating acceptance into the program.
- Applicant must have a cumulative GPA of 3.0 or better based on a 4.0 scale.
- Applicant must provide an official transcript **in the original, sealed envelope** from the most recent institution attended.
- Applicant must provide a copy of her/his completed 2020-2021 FAFSA (if applicable).
- Applicant must secure a recommendation for a Mercy Health Foundation Mahoning Valley scholarship – as indicated by a signature on the application form – from her/his Mercy Health Youngstown-employed parent or spouse.
- Applicant must submit a letter of recommendation from the manager of her/his Mercy Health Youngstown-employed parent or spouse.

- Applicant must secure a recommendation – as indicated by a signature on the application form – from a Mercy Health Youngstown administrator, director level or above. If the MHY-employed family member’s manager is at a director level or above, this additional signature is not required.
- Applicant must submit a completed scholarship application and all required documentation to Mercy Health Foundation Mahoning Valley by **4 p.m. March 30, 2020**.
- Completed application and all required documentation must be submitted in a single package. Late submissions and submissions missing required items will not be considered.
- Scholarship winners **must** attend the awards ceremony at 5:30 p.m. May 27, 2020. **Attendance at this event is mandatory.**

Should the MHY-employed family member’s employment be terminated either by choice or for cause, any remaining scholarship funds granted to the applicant may be rescinded.

Applicants will be considered for all available scholarships. Only one application should be submitted.

Completed application packages should be submitted to one of the following:

Mercy Health Foundation Mahoning Valley
250 DeBartolo Place, Suite 2560
Boardman, Ohio 44512

St. Elizabeth Youngstown Hospital
Nursing Administration Office
1 West (Ask for Kim.)

St. Joseph Warren Hospital
Nursing Administration
Bldg. A, 3rd Floor (Ask for Sue.)

St. Elizabeth Boardman Hospital
Administration, First Floor
(Ask for Chee Chee.)

All completed application packages submitted by eligible applicants will be reviewed by a scholarship selection committee comprised of Mercy Health Youngstown (MHY) nursing administrators, MHY administrators and representatives of Mercy Health Foundation Mahoning Valley.

This committee will recommend scholarship recipients to the Board of Directors of Mercy Health Foundation Mahoning Valley. The Board of Directors of Mercy Health Foundation Mahoning Valley is the granting authority for each scholarship and Board decisions are final.

Once the Board has determined scholarship recipients, a letter will be sent to each applicant advising her/him of the board’s decision.

Scholarships are granted annually. Scholarship amounts may vary and must be applied toward tuition, instructional materials and fees.

Scholarship funds are retained in restricted accounts administered by Mercy Health Foundation Mahoning Valley.

The Foundation pays scholarship monies directly to the college or university for the benefit of the scholarship recipient. Scholarship monies not used within the academic year for which the scholarship is awarded will be returned to the Foundation.

Scholarship applications are available on the Mercy Health hub.

It is the responsibility of the scholarship applicant to ensure that the completed application and all related materials are submitted to the foundation in a single package before the deadline. Late or incomplete application packages will be disqualified.

There are no unstated assumptions from participation in this scholarship program – no guarantees of employment, promotion or reclassification.

Application for

MERCY HEALTH FOUNDATION MAHONING VALLEY
Nursing Scholarship

For **FAMILY MEMBERS** of Mercy Health employees working in the Youngstown region

Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Alt. Phone: _____

Social Security # _____ Student ID#: _____

Where do you work? _____ Job Title: _____

Employer's Address: _____

Employer's Phone: _____ How many hours do you work each week? _____

Degree being pursued: _____

Please indicate your career goals by checking one:

_____ Academic _____ Nurse Anesthetist _____ Practice

_____ Clinical Specialist _____ Nurse Practitioner

Applicant's relationship to employee: _____ Child _____ Spouse

Mercy Health Youngstown Employee

Name (*Please print*): _____

Facility: _____ Department/Unit/Floor: _____

Job Title: _____ Work phone: _____

Manager: _____

How many hours a week do you work? (Do not include overtime.) _____ Hire Date: _____

Social Security #: _____ Employee ID# _____

Home Address: _____

Enrollment Information

How many credit hours do you expect to complete during the 2020-2021 academic year? _____

What is your estimated cost for tuition, fees and instructional materials? _____

When do you expect to complete your degree? _____

Have you been awarded or applied for other sources of educational assistance? _____ Yes _____ No
Please indicate amounts below.

Grants: _____ Scholarships: _____

VA Benefits: _____ Tuition Assistance Loans/Reimbursements: _____

Mercy Health Tuition Reimbursement: _____ Other (*Please specify*): _____

Have you received a Mercy Health Foundation Scholarship before? _____ When? _____

Educational Background

Please list all previous educational programs you have attended and diplomas or degrees obtained.

	Name and Location of Institution	Dates Attended	Diploma/Degree Awarded or Credit Hours Earned*	G.P.A.
High School				
Post-Secondary				

* If a degree/diploma was not obtained, list number of credit hours earned.

Transcript

Please attach an official transcript from the most recent educational institution attended. **Official transcript must be in the original, sealed envelope.**

Volunteer and Community Service

Organization: _____ Address: _____

What do you do? _____

How much time do you spend each month? _____

Organization: _____ Address: _____

What do you do? _____

How much time do you spend each month? _____

(Please attach additional pages, if needed.)

Awards and Recognition

Letter of Recommendation

Please attach a current letter of recommendation from the manager of your MHY-employed parent or spouse.

Short Essay

Please attach a short essay – 500 words or less – that explains how this scholarship would help you fulfill your personal mission as it aligns with the mission of Mercy Health to extend the compassionate ministry of Jesus by improving the health and well-being of our communities and bringing good help to those in need, especially people who are poor, dying and underserved. **Be sure to sign your essay.**

Stipulations

I understand that if I receive a scholarship, it is for use during the 2020-2021 academic year and may only be used at an accredited college or university and that I must be pursuing a degree in nursing.

I understand that I **must** attend the awards ceremony to receive my scholarship.

I understand that scholarships are granted to scholastically deserving individuals and that I may be required to submit proof of my cumulative grade point average for courses taken.

I understand that all decisions by the Board of Directors of Mercy Health Foundation Mahoning Valley are final.

I understand that Mercy Health Foundation Mahoning Valley reserves the right to limit the number and amounts of scholarships.

I understand that other forms of tuition assistance such as grants, scholarships or VA benefits may be considered in the scholarship selection process, and that I am obligated to report the amounts I receive.

I understand that if my Mercy Health-employed parent or spouse voluntarily terminates employment or is discharged for cause, or if I do not complete the required course(s), scholarship funds may be rescinded and returned to Mercy Health Foundation Mahoning Valley.

I acknowledge that to be eligible for a scholarship I must meet all stated requirements.

I certify that the information in this application is true and correct.

Applicant's Signature

Date

I have reviewed this completed application and acknowledge that all information is true and correct.

Signature of MHY-employed parent or spouse

Date

This page is to be completed by the Mercy Health Youngstown employee's manager and a MHY administrator (director level or above).

Step 1. Department Manager's Approval/Comments

MHY Employee's Name: _____

is in good standing (no suspensions or probations since March 31, 2019): YES _____ NO _____

I have attached my comments and a letter of recommendation to this application in connection with the scholarship application of this employee's _____ child _____ spouse.

Manager Name (*Please print*): _____ Title: _____

Phone: _____ Email: _____

Signature _____ Date _____

Step 2. Mercy Health Youngstown Administrative Approval (Director level or above)*

Application is: Recommended _____ Denied _____

Remarks _____

Signature _____ Title _____ Date _____

*If employee's manager is at a director level or above, no additional signature is required.

If you are unsure who to forward the application to in administration, ask your manager.

Applicant Checklist

Before submitting your completed scholarship application package to Mercy Health Foundation Mahoning Valley, be sure you have included:

- _____ A completed scholarship application. Be sure to complete all questions, sign and date the official application form.
- _____ An official transcript from the most recent educational institution attended. The transcript must be in the original, sealed envelope.
- _____ A copy of the applicant's completed 2020-2021 FAFSA (if applicable).
- _____ A letter of matriculation (written evidence) that you have been accepted into the nursing program.
- _____ A letter of recommendation from your family member's manager. (Manager must also complete the last page of the application.)
- _____ A signature from a MHY administrator, director level or above. If your family member's manager is at a director level or above this additional signature is not required. (See last page of the application).
- _____ A completed essay – 500 words or less – that explains how this scholarship would help fulfill your personal mission as it aligns with the mission of Mercy Health to extend the compassionate ministry of Jesus by improving the health and well-being of our communities and by bringing good help to those in need, especially people who are poor, dying and underserved. **Be sure to sign your essay.**
- _____ Return completed application along with all additional required materials in one package to one of the following:

Mercy Health Foundation Mahoning Valley
250 DeBartolo Place, Suite 2560
Boardman, Ohio 44512

St. Elizabeth Youngstown Hospital
Nursing Administration Office
1 West (Ask for Kim.)

St. Joseph Warren Hospital
Nursing Administration
Bldg. A, 3rd Floor (Ask for Sue.)

St. Elizabeth Boardman Hospital
Administration, First Floor
(Ask for Chee Chee.)

For questions, call **330.729.1180** or **330.729.3805**.

Official Deadline: 4 p.m. March 30, 2020. Late or incomplete applications will not be considered.