



Nursing Education Scholarship Program 2010 Information

General Information

- Scholarships are available for students entering nursing education programs in academic year 2010/2011; consideration will also be given otherwise eligible students already enrolled in one of the programs. Tuition excludes books, supplies, fees and living expenses.
- Applicable for nursing education programs at Lancaster Career & Technology Center, Lancaster General Hospital, HACC-Lancaster Campus, and Millersville University. Consideration will also be given for scholarship support for any accredited BSN program, RN to BSN, master, post master and doctoral nursing programs. Those students enrolled in Pre-Nursing or General Education classes or programs are NOT eligible.
- While the Foundation recognizes the benefit of distance learning programs, this scholarship is intended for applicants who will attend schools in Lancaster County. Only students enrolled in RN to BSN, master, post master and doctoral nursing programs are eligible for scholarships for remote learning programs.
- Equal focus on LPN, RN, BSN, master, post master and doctoral students
- Scholarships last for full education period of the program if student remains in good academic standing in the nursing program
- Scholarships are paid directly to academic institution on behalf of recipients
- Scholarship can also continue directly from LPN to RN program and from RN to BSN or beyond, if good academic standing is maintained

Requirements

- Permanent resident of Lancaster County at time of application, shown by mailing address
- Already admitted to nursing education program at time of award/application; copy of admission letter required
- Evidence of financial need through release of FAFSA form or IRS submission
- Documentation of any Pell Grants, scholarships, employer tuition reimbursement or other tuition awards; full tuition payment will be reduced by the amount of these grants/awards
- Two 200 word paragraphs/essays (from a choice of five)
- Letter of reference from a teacher or other person who can speak to the applicant's ability to succeed in a nursing education program. (Sample letter attached) Please note: NO friends or family members; please have the person writing the letter send it directly to LOHF, not to you.
- Agreement to work in nursing in Lancaster County (year for year) for each year of scholarship support; otherwise scholarship grant converts to a loan repayable to the Lancaster Osteopathic Health Foundation with specific repayment terms defined by the Foundation.
- Willingness to participate in face to face interview with selection committee in July 2010 (for finalists)
- Within schedules, willingness to speak to high school students and others about careers in nursing and the scholarship program

Application Process

- After February 1, 2010, the scholarship announcement /application will be available at the four Lancaster County nursing education programs and at a number of other locations in the community; interested persons may also call the Foundation office for a copy
- Complete application package to be received at Lancaster Osteopathic Health Foundation office no later than 4:00 p.m., **June 2, 2010**

Lancaster Osteopathic Health Foundation
128 East Grant Street, Suite 104
Lancaster, PA 17602
Phone: 397-8722 Fax: 397-8723
E-mail: info@lohfoundation.org

- Applications accepted at any time up until June 2, 2010
- Application form and check list follow
- Selection Committee consisting of nurses, other health care professionals and foundation staff will review all completed applications received by the due date and identify a number of finalists for interviews at the Foundation office in July 2009
- Subject to the availability of funds and the final decision of the Board of the Lancaster Osteopathic Health Foundation, award recipients will be notified by phone and mail in July 2010 and invited to an awards lunch at the Foundation.
- Initial scholarship payments will be made to the schools in late summer 2010

Withdrawal Policy

- **If a scholarship recipient withdraws from the nursing education program, subject to the school's policy, funds remaining in the scholarship grant convert to a loan. Recipients are responsible to repay Lancaster Osteopathic Health Foundation under terms defined by the Foundation.**
- If the recipient is granted a leave of absence for medical or other reasons the Foundation will allow the unspent balance of funds to remain in the student's account for up to one year from the date of the leave approval. The recipient must return to the nursing education program within one year. The Foundation will provide the student with a Leave of Absence form which must be completed.
- Conditions of withdrawal are subject to the individual school policy.

Questions/Additional Information

- Early application is strongly encouraged.
- Questions should be directed to your school guidance, local nursing school admission office, or to the foundation by email at info@lohfoundation.org or phone at (717) 397-8722.
- If you wish, you may download the application and other documents from our web site: <http://www.lancasterosteopathichealth.org>

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The 2009 Lancaster County Nurse Scholarship Program is sponsored by the Lancaster Osteopathic Health Foundation with generous support from the Alumni Association of the St. Joseph Hospital School of Nursing



2010 Nursing Education Scholarship

Application & Check List – Due No Later than June 2, 2010

Name: _____

Address: _____

Phone: Home _____ Work _____ Cell _____ Email Address _____

Social Security Number: _____

High School: _____ Year Graduated: _____ or Year GED Obtained: _____

Nursing School Admitted to: _____ Full or Part Time Program: _____

LPN _____ RN _____ RN to BSN _____ BSN _____ MSN _____ OTHER(specify) _____

Program Start Date: _____ Expected Completion Date: _____

Total Tuition: \$ _____ Total Grants & Scholarships: \$ _____
(Tuition Estimate should NOT include general education classes, books, supplies, fees or living expenses.)

Total Employer Reimbursement \$ _____ Balance: \$ _____

Check List of Information to be Included with this Application:

- Admission Letter from Nursing Education Program
(Pre-Nursing Students and General Education Students are NOT eligible)
Evidence of Financial Need (copy of FAFSA form, or recent IRS Income Tax Form)
Attached Foundation Financial Aid Form
Documentation of any Pell Grants, other grants, scholarships, loans, and tuition reimbursement
Attached Letter of Reference Form (Please have it completed by a teacher, supervisor, etc. – NOT a friend or family member. Please have the person send the form directly to the foundation, not to you.)
Please select ANY TWO of the following five questions and then complete a one page essay for EACH of the TWO questions you selected:
Describe the unique skills and strengths you will bring to a career in nursing
Describe a personal experience that led you to nursing
Describe where you think you will be practicing nursing ten years from now
Describe which clinical rotations/areas of nursing you are most looking forward to
Describe which area of nursing you anticipate will prove most difficult to you

Application Signature & Documentation:

In signing this application, I hereby authorize the Lancaster Osteopathic Health Foundation (the Foundation), if relevant, to seek release of my FAFSA financial information form and/or documentation of Pell Grant or other tuition support and information on my academic standing from the nursing education program in which I am enrolled. I understand and accept the obligation to work in nursing in Lancaster County (year for year) for each year of scholarship support I receive from the Foundation. I agree that if I am unable to do so or if I withdraw from the program before completion, the remaining portion of the scholarship grant will convert to a loan repayable to the Foundation under terms to be mutually negotiated. I affirm that all information provided is true and accurate.

Signature _____

Date _____

Complete and Submit with ALL Required Documentation by June 2, 2010 to:
Lancaster Osteopathic Health Foundation, 128 East Grant Street, Suite 104, Lancaster, PA 17602
Phone: (717) 397-8722 E-mail: info@lohfoundation.org

Lancaster Osteopathic Health Foundation
2010 Nurse Scholarship Financial Worksheet

Candidate Name: _____

Annual Gross Income:

Self - Income _____
Self - Alimony, Child Support, Government Aid _____
Spouse _____
Parents (if living at home) _____
Total _____

Please list family members living with you. (their age and relationship to you)

Please list any additional dependent children who live elsewhere but are dependent on you for support

Will you work while at school?

Yes, full time _____
Yes, part time _____
No _____

Will you, your spouse or parents be paying for the education of any one other than you during your time at school?

Please list all grants and scholarships that you will receive and their dollar amount

Will your employer reimburse any portion of your tuition?

How much?

For BSN's only: Is your program integrated? (Will you begin nursing classes your 1st year?) _____

If the program is not integrated, in what semester do your nursing classes begin? _____

