

## **Stormont Vail Health Nursing Scholarship**

The Stormont Vail Health Nursing Scholarship requires an obligation to practice as an LPN or RN for Stormont Vail Health.

Eligible students must be accepted into an accredited nursing school program and enrolled in 12 credit hours or more. The scholarship does not cover pre-requisites.

Scholarship recipients must agree to work for Stormont Vail Health ***in the area of greatest need for the organization*** and fulfill the work commitment as outlined. Failure to do so requires repayment as outlined in the scholarship agreement. Recipients must sign an agreement to practice nursing for Stormont Vail Health for scholarship support.

### **How to Apply at Stormont Vail Health:**

Stormont Vail Application Deadline: **July 15<sup>th</sup> (Fall Application)**    **November 15<sup>th</sup> (Spring Application)**

Stormont Vail Scholarship Interviews Conducted: **2<sup>nd</sup> & 3<sup>rd</sup> week of July and 3<sup>rd</sup> & 4<sup>th</sup> week of**

**November**

	<b>Scholarship Amounts</b>	
	Scholarship Amount	Work Commitment Obligation to Stormont Vail Health
LPN Program	\$4,000	2 years of full time service
RN Program	\$5,000 (\$1,250/semester)	2 years of full time service (or 6 months per semester)

### **Stormont Vail Eligibility Requirements:**

1. Must reside in Kansas and commit to practice at Stormont Vail Health
2. Eligible candidates must be accepted or enrolled in an accredited nursing school program.
3. Pre-requisites are not covered under this scholarship program
4. Must be willing to fulfill the required work commitment obligations to Stormont Vail Health

### **Application Process:**

1. Complete application for Stormont Vail Health Nursing Scholarship
2. Submit Letter of Recommendation for the scholarship
3. Sign authorization form from the school allowing Stormont Vail Health access to the school's Student file (includes GPA, Recommendation letters and other student information on student performance)
4. Submit Your completed packet to: [aleasha.keller@stormontvail.org](mailto:aleasha.keller@stormontvail.org)
5. Attend the scheduled panel interview



# Stormont Vail Health

## Stormont Vail Health Nursing Scholarship Application

Applicants Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

BSN - Registered Nurse Program: \_\_\_\_\_  
(school) (graduation month & year)

ADN – Registered Nurse Program: \_\_\_\_\_  
(school) (graduation month & year)

Licensed Practical Nurse Program: \_\_\_\_\_  
(school) (graduation month & year)

1. Have you completed all pre-requisites and have been accepted into the above program?

Yes \_\_\_\_ No \_\_\_\_

2. Why do you feel that Stormont Vail is the employer you want to work for upon graduation?

3. Upon hire, you would be placed in the area of greatest need for the organization. Do you understand the work commitment expectation and are there any reasons why you would not be able to fulfill your obligation?

4. Our Tenets and Small Moments:

At Stormont Vail Health, our team members are expected to abide by our Tenets and to create Small Moments with our patients, visitors and each other. How do you feel about living up to these expectations?

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_