

Munson Healthcare Regional Foundation
Sladek Nursing Scholarship Application
Fiscal Year 2005

The following application is a request for support for study toward a nursing degree for the academic year beginning fall term 2004 through summer term, 2005. All information provided should reflect anticipated course work and costs for that period only.

Please be advised that the Selection Committee will consider granting support for **tuition, fees and books**, before considering requests for support of other expenses. It is the Selection Committee's intent not to duplicate monies awarded elsewhere. We do not cover travel expenses or child care.

1. It is the applicant's responsibility to submit a complete, typewritten application to the Foundation office by the grant application **deadline of April 16, 2004**. Incomplete applications will be returned to the applicant.
2. Attach a letter of recommendation from your manager indicating their support for your course of study. If you are not employed at a Munson Healthcare facility, your recommendation letter should come from a previous employer or counselor/teacher. Ask the writer not only to provide a reference for you but also to indicate how your completion of the course of study will benefit the Munson Healthcare organization. Please remember that it is your responsibility to ensure that the letter you have requested arrives in the Foundation office by the application deadline date. The application will not be considered if the letter is not submitted.
3. Please include a cover letter explaining why you are a good candidate and how your course of study will benefit Munson Healthcare.

Any questions should be addressed to Ruth Bloomer, Manager, Munson Foundation, 935-6484, or Maggie Curtin, Department Assistant, 935-6482. Electronic copies of the application are available by contacting the Foundation at mcurtin@mhc.net.

Name _____

Address _____

City/State/Zip _____

Phone/Home _____ Phone/Work _____

E-mail address _____

EMPLOYMENT:

Employer _____ Date Employed _____

Full Time _____ Part Time _____ Number of hours/week _____

Position _____ Immediate Supervisor _____

EDUCATION PROGRAM:

Course of Study (Program) _____

Length of Program _____ Anticipated Graduation Date _____

College/University _____

(Non-Traditional programs require proof of accreditation and course of study or program description).

ANTICIPATED EXPENSES FOR ACADEMIC YEAR:

<u>EXPENSE</u>	<u>DESCRIPTION</u>	<u>TOTAL AMOUNT</u>
TUITION	Cost per credit/contact hour:	\$
	Number of credits:	
	Tuition Total:	\$
BOOKS	(Books per semester)	\$
FEES	(Lab, General, Health, etc)	\$
OTHER EXPENSES	Type of Expense (Be very specific)	\$
<u>TOTAL EXPENSES</u>		\$

FINANCIAL AID FROM OTHER SOURCES:

Please indicate any financial assistance for which you have applied in addition to the Sladek Nursing Fund. Please include the amount requested and awarded if known.

Munson Healthcare Affiliate tuition reimbursement: \$ _____
(or employing institution)

Note: In order to qualify for MMC tuition reimbursement, you need to continue to work part-time or full-time during the academic year

Grants: Source _____ Amount: \$ _____

Scholarships: Source _____ Amount: \$ _____

Other: Source _____ Amount: \$ _____

TOTAL FINANCIAL AID FROM OTHER SOURCES: \$ _____

FINANCIAL SUMMARY OF REQUEST:

TOTAL EXPENSES: \$ _____

LESS TOTAL FINANCIAL AID FROM OTHER SOURCES: \$ _____

TOTAL REQUEST FROM SLADEK NURSING FUND: \$ _____

AGREEMENT:

With this application, I agree to abide by the terms of the grant. The intent of the Sladek Nursing Education fund is to provide Munson Healthcare with qualified nurses. Therefore, **recipients are expected to seek employment at a Munson Healthcare facility and to work for a period of time equal to the amount of time the individual's education was supported by the grant** (i.e., if support was granted for one year, one year of employment would be expected). Failure to do so will result in my becoming liable for repayment of the amount granted to me within a period of time specified by Munson Healthcare Regional Foundation. Should there be no employment opportunities in the area, the Foundation may consider forgiving repayment of the grant on a case-by-case basis.

Signature

Date

Checklist: ___ Completed Application
 ___ Letter of Recommendation
 ___ Cover Letter

Mail To: Munson Regional Foundation
 1105 Sixth Street
 Traverse City MI 49684

Due Date: **April 16, 2004**

Email: mcurtin@mhc.net