

West Tennessee Healthcare

NURSING SCHOLARSHIP LOAN PROGRAM APPLICATION (New & Reapply)



“MEETING THE NEED”

**620 SKYLINE DRIVE
Jackson, TN 38301**

Please return your completed application to Human Resources
The deadline for the Fall semester is June 5th
and for the Spring semester is October 15th

PHILOSOPHY AND PURPOSE

In 2008, The Robert Wood Johnson Foundation (RWJF) approached the Institute of Medicine (IOM) to propose a partnership to assess and respond to the need to transform the nursing profession. It is of the utmost importance for the nursing profession to successfully achieve the demands of an evolving healthcare system and meet the changing needs of patients. The IOM made the recommendation that nurses achieve higher levels of education and training. One step in realizing this goal is for a greater number of nurses to enter the workforce with a Baccalaureate degree or progress to this degree early in their career. **Furthermore, the IOM recommends that the proportion of nurses with a Baccalaureate degree be increased to 80% by 2020.**

The philosophy and purpose of the scholarship loan is to:

1. Assist West Tennessee Healthcare in “Meeting the Need” of its patients by providing efficient and well educated professional nursing staff
2. Encourage employed LPNs and RNs to pursue a higher level of education in the nursing profession

SCHOLARSHIP LOANS

This program provides financial aid to qualified applicants. The program assistance will apply towards tuition, books, and fees for those students who have been accepted into an approved accredited school of nursing. Living expenses and childcare expenses are not covered by this program. The scholarship loan will be paid directly to the school and the amount awarded will be paid at the beginning of each semester. Total advances under the program will not exceed \$10,000.00 per degree. The Scholarship Loan Committee will determine award amounts which will be granted for a one year period. Scholarship loans will not be awarded for repeat classes.

This program is conducted in cooperation with; Union University, Jackson State Community College, Bethel University, Freed Hardeman, University of Memphis, University of Tennessee at Martin and other approved Colleges and Universities with which West Tennessee Healthcare has an agreement, and is administered through West Tennessee Healthcare management.

ELIGIBILITY

Qualified applicants must be full-time or weekender WTH employees for twelve consecutive months prior to date of application. Regular Part Time or Registry employees are not eligible for this program.

APPLICATION

Eligible applicants will apply by submitting an application provided by Human Resources which are accepted only during the application period. This period is March 1 – June 5 for fall semester entry nursing students and September 1 – October 15 for spring semester entry nursing students.

Information and forms are available in Human Resources or Intranet Human Resources on line forms Nursing Scholarships.

Human Resources
511 Roland Ave.
Jackson, TN 38301

Requirements:

1. Applicants must be accepted into an approved and accredited school of nursing and have met all requirements. A letter of acceptance must be provided with the application.
2. Two letters of recommendations are required from instructors, professors, counselors, and/or business acquaintances.
3. A letter of recommendation from the applicant's immediate supervisor is required.
4. Applicants are asked to provide a written statement describing their interest and motivation to obtain a higher level of nursing education and provide anticipated graduation date.
5. Registered Nurses continuing their education must be pursuing a degree which correlates and will benefit the well-being of our patients, current position and overall organization.

The signed application and all related documents must be received by Human Resources by the last day of the application period. Omission of requested information will disqualify the applicant; however, he/she may reapply for the following semester. Falsification of information may result in termination of employment. Applications received after the deadline will be held and processed for the following semester.

Award Components

Scholarship awards will be based on the following criteria:

1. The recipient must be in academic good standing status as defined by the institution's academic policies.
2. The scholarship recipient must be pursuing a higher level nursing education. Priority will be given as follows:
 - a) RN to BSN
 - b) LPN to RN
 - c) Entry level RN
 - d) MSN
 - e) Doctorate

Awards will be granted once a year. If awarded this scholarship loan, the applicant will be required to sign an agreement stating that he/she will remain employed by West Tennessee Healthcare for a certain time period after graduation. The agreement will contain other terms and provisions, including a Promissory Note related to repayment of the loan.

TERMINATION OF SCHOLARSHIP LOANS

The loan recipient is responsible for repayment of all amounts paid for him or her under the program, plus accrued interest, except to the extent the debt is forgiven in exchange for service in the West Tennessee Healthcare System as explained below. If the loan recipient fails to meet any requirements for continuance in the School of Nursing, including withdrawal or termination from the program, he/she will notify Human Resources and the award will be terminated. If the recipient completes the program but fails to pass the nursing boards or receive a license within six (6) months of completion, the award is terminated. Immediately upon termination of the award, all amounts advanced, including accrued interest, must be paid back. Recipients will be given a thirty (30) day grace period in which to repay the loan without penalty – this means that if the principal loan balance is paid in full within 30 days, no interest will be charged. After 30 days, all accrued interest, as well as the principal balance, must be repaid. **Any unpaid debts will be turned over to a collection agency for recovery.**

REPAYMENT OF SCHOLARSHIP LOANS

Recipients of scholarship loans who satisfactorily complete their course of study and become licensed may repay the scholarship loan by working for West Tennessee Healthcare in a qualified position (as a registered nurse or in a nursing leadership/management role). For each six (6) months of continuous full-time service with West Tennessee Healthcare in a qualified position, the sum of \$2,000.00 of the debt will be forgiven. **Loan recipients understand that as required by IRS regulations, WTH shall issue a W-2 or Form 1099, as appropriate, for all amounts forgiven, including principal and interest, for each year in which amounts of the student's indebtedness is forgiven. The loan recipient understands that he/she is responsible for any resulting income taxes on the amount forgiven.**

Employees receiving scholarship awards who change from full-time to part-time or registry status, resign, or are involuntarily terminated prior to full forgiveness of the scholarship loan must repay the unforgiven principal and accrued interest within 30 days of their change of status.

ADMINISTRATION

A Scholarship Loan Committee administers the Nursing Scholarship Loan Program. The decisions of this committee will be final in the administration of the Scholarship Loan Program.

The right is reserved to modify or discontinue the West Tennessee Healthcare Nursing Scholarship Loan Program at any time except those scholarship loans previously awarded will be fulfilled.

- New application
- Re-apply – complete 1-6 only and sign application
 - Attach letter of Good Standing from school of Nursing.

**WEST TENNESSEE HEALTHCARE
APPLICATION FOR NURSING SCHOLARSHIP LOAN**

1. Applicant's Full Name _____
2. Address _____
Street City State Zip
3. Date of Birth _____ SSN # (last four) _____
Month/Day/Year
- Email Address: _____ Home Phone: _____
- Mobile: _____
4. Projected graduation date: _____
5. Unofficial copy of applicant's college transcripts __ Yes ___ No
6. Have you ever received a WTH Scholarship or Sign-on Bonus?
- Yes No
- If yes please explain: _____

EDUCATION

	Name of School	Course of Study	Year Completed	Type of Diploma
High School			1 2 3 4	
College			1 2 3 4	

Post Graduate Work: _____

Honors and/or awards earned: _____

Activities, hobbies, and interests, community service: _____

EMPLOYMENT

Current Position/Title: _____

Department: _____

Immediate Supervisor: _____

Have you applied for, or do you expect to receive financial aid from any other source?

Yes No (If yes, give details) _____

How much will you receive from other scholarships? _____

Have you passed the entrance requirements and been accepted for enrollment in a School of Nursing?

Yes No If yes, date of qualification and acceptance

Name of school:

Program Type	What Year? (Circle One)			
AND	1	2		
BSN	1	2	3	4
MSN	1	2		
Doctorate				

Additional Comments:

To the best of my knowledge, the preceding information is true and correct. I understand that any willful misstatement or misrepresentation will automatically eliminate me from consideration and may result in my termination.

Signature of Applicant

Date

Revised July 25, 2012