

Nancy D. Adams Nursing Leadership Scholarship was established in honor of Nancy D. Adams, Senior Vice President, Chief Nurse Executive of WMHS, to develop the next generation of strong, capable nurse leaders. Any WMHS employee, in their junior year or above, seeking a BSN or higher in Nursing/Business Administration is eligible. The recipient will receive \$1,000 for one year; \$500 per semester. A minimum 3.0 *cumulative* grade point average (GPA) is required. **Applicants must submit a designated WMHS Nancy D. Adams Nursing Leadership Scholarship Application along with the required attachments.**

WMHS Auxiliary Scholarship is available to students who live within the service area of the Western Maryland Health System and are currently accepted or enrolled in a health care curriculum. Five \$2,000 scholarships will be offered for the 2013-2014 academic year. Each recipient will receive a one-time award of \$2,000, with \$1,000 paid directly to the selected school for the fall semester and \$1,000 paid for the spring semester to students maintaining a minimum 3.0 cumulative GPA. **Applicants must submit a designated WMHS Auxiliary Scholarship application with the required attachments postmarked by April 19, 2013.** Scholarship recipients will be notified by phone by **May 17, 2013** and all applicants will receive a letter. For more information regarding WMHS Auxiliary Scholarships, please contact:

Julie Ferris
301-722-0853
jferris@atlanticbb.net

Perpetual Education Assistance Loan is available to residents of Allegany County, MD who are entering the nursing program at Allegany College of Maryland. Recipient receives an interest-free loan of \$2,500 per semester for a maximum of four semesters, and upon obtaining employment as an RN, agrees to likewise assist future nursing students. The employed graduate RN will incrementally repay the loan pool, which allows additional students to benefit from the same arrangement, thus making this a perpetual giving program.



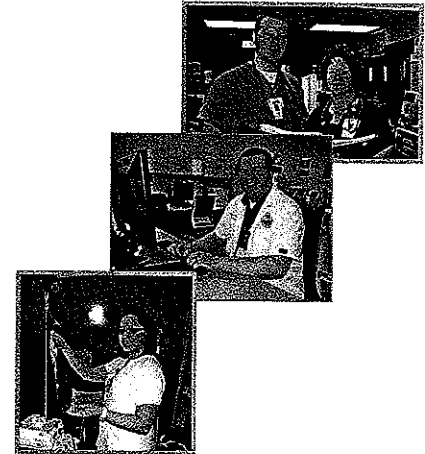
**Apply Now.
This could be you!**

Applicants are required to submit one application for each scholarship for which they are applying. Only one envelope is necessary to mail all applications.

The deadline for applications to be considered by the Scholarship Committee is **Friday, March 29, 2013 at 5 p.m.** Selected applicants will be notified, via telephone, of their status by **Friday, April 26, 2013.**

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**Scholarship
Opportunities
for
Academic Year
2013**

*Scholarships Coordinated
Through Services Provided
by the
WMHS Foundation*

Applications are available at
www.wmhs.com

Academic Year 2013 Scholarships

Nursing Excellence Scholarship is available to Western Maryland Health System employees who would like to pursue a degree in nursing, and who are currently accepted or enrolled in a BSN, NP, or RN program.

The Foundation will provide financial support to cover college tuition, books, uniforms, supplies, and fees. In addition, the employee will receive two days per week of paid education time, and continue to accrue benefits at his/her usual rate. Paid hours may not exceed 40 per week. Upon graduation, the recipient agrees to work at a .8 FTE or higher position at WMHS for one year for each year of scholarship received. The employee must have a good employment record along with a minimum 3.0 *cumulative* grade point average (GPA) for consideration and continuation.



WMHS Medical Staff

Scholarship is available to Western Maryland Health System employees currently working in an ancillary position and seeking a degree to provide direct patient care. The employee must be currently accepted or enrolled (full or part time) in a health care curriculum. Employees must have a good employment record with above average performance appraisals and have been employed by WMHS for two consecutive years. Recipients receive an award based on the cost of tuition, fees, and books- of up to \$2,000, with \$1,000 payable in the Fall semester and \$1,000 in the Spring semester. Recipients may re-apply for additional funding, but only after a one year hiatus. A minimum 3.0 *cumulative* grade point average (GPA) is required for initial consideration of award and for receipt of full/final payment.

Christy Harris Memorial Scholarship is funded by the friends and family of the late Christy Harris who was a devoted, caring and gifted WMHS nurse. The scholarship is available to non-traditional (out of high school five or more years) students in the Allegany College of Maryland nursing curriculum. The recipient receives \$500 per semester for a maximum of four semesters, and may re-apply for additional semesters. Full or part-time students residing in Maryland, West Virginia or Pennsylvania, and demonstrating a 3.0 or greater *cumulative* grade point average (GPA) are eligible.

WMHS Employee/Family Scholarship is available to Western Maryland Health System employees and retirees and their immediate family members (spouses, children, step-children, grandchildren, and parents) who are currently accepted or enrolled in a health care curriculum. The recipient will receive up to \$4,000 per semester for up to 10 semesters, depending on the costs and length of study associated with the program. Upon graduation, the recipient agrees to work full-time for one year at WMHS for each year of scholarship received. A minimum 3.0 *cumulative* grade point average (GPA) is required for consideration and continuation.



Community Health Care Scholarship is available to anyone in the Western Maryland Health System service area who is currently accepted or enrolled in a health care curriculum. This scholarship provides up to \$2,500 per semester for a maximum of 8 semesters, based on the costs and length of study associated with the program. Upon graduation, the recipient agrees to work full-time for one year at WMHS for each year of scholarship received. A minimum 3.0 *cumulative* grade point average (GPA) is required for consideration and continuation.



SCHOLARSHIP APPLICATION
For Funding Coordinated by the
Western Maryland Health System Foundation
2013 Academic Year Scholarship and Information/Application

Please photocopy the application making as many copies as necessary.
You are required to submit one application for each scholarship for which you are applying.
Only one envelope is necessary to mail all applications.

1. Refer to page four (4) of this application for a list of the supporting documents needed (i.e., personal essay, letter of recommendation, evidence of GPA, etc.). Incomplete applications will not be considered.
2. If you have any questions about the application, please call the Foundation office at 240-964-8051.

SCHOLARSHIP NAME: _____

*Refer to the 2013 Scholarship Summary Brochure for eligibility requirements. The WMHS Auxiliary Scholarship requires a separate designated application.

Please type or print your answers. If application is illegible it will be disqualified.	
1.	Last Name: _____ First Name: _____
2.	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____
3.	Home Telephone Number: () Work Telephone Number: ()
4.	Email Address: _____
5.	Date of Birth: Month Day Year
6.	Social Security Number: _____
7.	In the Fall of 2013, I will be attending college as a: (Circle one) Freshman Sophomore Junior Senior Other: _____ Major: _____ Anticipated Graduation Date: _____ (month) _____ (year)
8.	I will be attending the following school in the Fall of 2013: _____ Proof of acceptance or current student enrollment from the above school is required . See page 4, question 18.
9.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent official school transcript required. See page 4, question 18.
10.	Are <u>you</u> a ?(Circle one): WMHS Employee WMHS Volunteer WMHS Auxiliary Member Yes _____ No _____ (Check one) Past ___ or Present ___ (Check one) If your answer is 'yes' please answer blocks A, B, C, D & E below. If your answer is 'no' go to item 11.
A.	Name of WMHS Facility/Campus: _____
B.	Length of your employment/volunteering at WMHS: _____
C.	Supervisor's Name: _____
D.	Department Name: _____
E.	Supervisor's Work Phone #: _____

11.	Is your <u>spouse, parent, legal guardian, grandparent, child or step-child</u> a? (Circle one): WMHS Employee WMHS Volunteer WMHS Auxiliary Member Yes _____ No _____ (Check one) Past ___ or Present ___ (Check one) If your answer is 'yes' please answer blocks A, B, C, D, E, F & G below. If your answer is 'no' go to item 12.)						
	A.	Their full name:					
	B.	Name of WMHS Facility/Campus:	E.	Department Name:			
	C.	Length of <i>their</i> employment/volunteering at WMHS:	F.	Their Relationship To You:			
	D.	Their supervisor's Name:	G.	Their Supervisor's Work Phone #:			
12.	List the name of any college you have attended. (If you have not attended college yet, go to question 12.)			Year Began	Year Ended	Year Graduated (If applicable)	Type of Degree Received (If applicable)
	A.						
	B.						
	C.						
13.	List expenses you expect to incur per semester or quarter:						
	A.	Tuition:	Amount: \$				
	B.	Books:	Amount: \$				
	C.	Room & Board:	Amount: \$				
	D.	Other expenses:	Amount: \$	Describe below under comments			
	E.	Other expenses:	Amount: \$	"			
Comments:							
14.	List other financial assistance you will receive per semester or quarter:						
	A.	Personal:	Amount: \$				
	B.	Other Scholarship(s):	Amount: \$	Describe below under comments			
	C.	Grants:	Amount: \$	"			
	C.	Student Loan(s):	Amount: \$	"			
	D.	Other Financial Resources:	Amount: \$	"			
Comments:							

Use an additional sheet if you need more room to list financial information requested in items 13 & 14.

15.	What are your educational and professional goals and objectives? Please attach a brief essay describing why you would like to pursue a career in health care and what contribution you will make to the patients and community you will serve.		
16.	List your community service activities and extracurricular activities, especially those related to health care. Please note any leadership positions you have held in these activities.		
17.	List your academic honors or special recognition received:		
18.	<p>A. The following items must be attached for this application to qualify and be reviewed by the scholarship committee.</p> <p>B. Circle "YES" or "NO" to be sure you have attached each item as required.</p>		
	YES	NO	<p>Personal Essay. A brief essay describing your educational and professional goals and objectives is required. Elaborate on why you would like to pursue a health care career and what contribution you will make to the patients and community you will serve.</p>
	YES	NO	<p>One Letter of Recommendation.</p> <p>Name of Person Providing Recommendation: _____</p> <p>Position or Title of Person Providing Recommendation: _____</p>
	YES	NO	<p>Proof of college acceptance or current student enrollment. A letter of college acceptance is required if you are enrolled in a nursing school, a medical school or a beginning freshman (otherwise a current college transcript will be acceptable).</p>
	YES	NO	<p>Most recent high school or college transcript with <i>Cumulative</i> GPA listed.</p>

Consent and Conditions of Acceptance

I hereby give my consent to the Western Maryland Health System Foundation to obtain information about me that is pertinent to this scholarship application and to verify the information contained herein. This information includes, but is not limited to, financial aid, billing data, grades and any other data relevant to the consideration of this application. I further understand and agree that, if awarded a scholarship, the Western Maryland Health System and the Western Maryland Health System Foundation may use my photograph and relevant personal information for educational or promotional purposes only. I agree that copies of all photographs, statements and advertisements remain the property of the Western Maryland Health System. I hereby release the Western Maryland Health System and the Western Maryland Health System Foundation, their personnel and other persons handling the above-mentioned material from any liability connected with this material.

*I understand that should I be awarded a **WMHS Foundation Nursing Excellence, Family or Community Health Care Scholarship**, I will be required to sign a promissory note in an amount equivalent to the amount of the scholarship received and with the conditions specified in the promissory note. Upon graduation from the approved program of study, the promissory note will be forgiven at the rate of one year of employment with the Western Maryland Health System for each year of scholarship received. Should I breach the conditions of the promissory note, the note will become due and payable at that time.*

I have read, understand and agree to the consent and conditions of acceptance of this scholarship application.

Applicant's signature _____

**Name and signature of applicant's parent or legal guardian if applicant is under 18 years of age:*

Name (print) _____

Signature _____

*Please return completed application/s and current transcript to:
WMHS Foundation Office
P.O. Box 539
Cumberland, MD 21501-0539*

REMEMBER

*The deadline for this application to be considered by the Scholarship Committee is
Friday, March 29, 2013 at 5 PM
Selected applicants will be notified, via phone, of their status by Friday, April 26, 2013.*

We strongly encourage you to complete the FAFSA (Free Application for Federal Student Aid) to receive all Financial aid for which you may be eligible. The application can be found online at www.fafsa.ed.gov.