





Select **Continuation Application** if you have received funds previously and wish to be considered to receive funds for another semester.

<b>Last Name:</b>	<b>First Name:</b>	<b>MI:</b>
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone Number:</b>	<b>Email Address:</b>	
<b>Program Currently Enrolled:</b> <input type="checkbox"/> LPN <input type="checkbox"/> ASN <input type="checkbox"/> ASN Bridge <input type="checkbox"/> BSN <input type="checkbox"/> MSN		
<b>Anticipated Graduation Date:</b> _____		
<b>Are you Currently Actively Enrolled in a Nursing School?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Nursing School ID Number:</b>		
<b>***Are you an international student with a F1 status?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>College of Nursing Enrolled:</b> <input type="checkbox"/> SBU <input type="checkbox"/> MSU <input type="checkbox"/> OTC <input type="checkbox"/> Bolivar Tech <input type="checkbox"/> Other (specify) _____		
<b>***Please only complete the following section if it is applicable</b>		
<b>Mercy Position:</b>	<b>Mercy Employed Unit:</b>	<b>Mercy Status:</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> PRN

<b>Application Deadline</b>
June 30 <sup>th</sup> , 2024

Please send application and all required documents to [Springfieldnursingscholarships@mercy.net](mailto:Springfieldnursingscholarships@mercy.net)



*Mercy does not tolerate discrimination because of race, color, religion, age, sex, sexual orientation, national origin, ancestry, disability, protected veteran status, genetic information, gender identity, or any other classification protected by applicable federal, state, or local law.*

I verify that the above information is correct and has been completed by the appropriate person. I have read the scholarship goals and criteria.

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Signature of Student

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Date

### **Program Details:**

To be eligible for this scholarship, a student must meet all the following requirements:

- Must be actively enrolled as a full-time student as defined by nursing program guidelines and provide proof of enrollment for the application year.
- Must maintain a GPA of 2.5 or greater per semester.
  
- Must be a current Mercy Hospital Springfield co-worker in good standing, as defined below
  - Must be free of any corrective action within six (6) months of application deadline.
- Must complete the scholarship application and essays
- Must submit two professional reference letters (excluding family member). **One letter must be from an instructor or leader of the nursing program, and one must be a Mercy leader.**

### **Scholarship Award:**

- Students may submit applications for the scholarship on a semester basis for a maximum of four semesters (only eligible for professional program, not pre-requisites).
- All scholarships require a work commitment period by the recipient upon graduation and achievement of RN license, as follows:
  - 6-month work commitment required for every semester scholarship money granted (2-year maximum work commitment)

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- The intention is to make a Full Time offer of employment to the recipient in an applicable nursing position within (90) calendar days following graduation and receipt of licensure. If the recipient declines an offer within this 90-day period, a repayment obligation will automatically be implemented. This shall not be construed as a promise of employment or future job change/transfer, and all job offers/position changes shall be at the sole discretion of Mercy
- The scholarship recipient is responsible for repayment of scholarship funds if he or she:
  - Fails to satisfy enrollment and/or scholarship submission guidelines; or
  - Fails to maintain a 2.5 GPA for the semester: or
  - Fails to graduate and achieve licensure within 90-days of expected graduation date; or
  - Refuses to accept an identified position in the 90-day period; or
  - Fails to meet the work commitment period
- Award is granted in semester increments
  - BSN: \$2,500 per semester for a maximum of 4 semesters
  - ASN: \$2,000 per semester for a maximum of 4 semesters
  - ASN Bridge: \$2,000 per semester for a maximum of 3 semesters
- Consecutive semester awards:
  - After the initial scholarship award, the applicant must submit an application and reference letters to be considered for additional semester scholarships. This will ensure the student remains in good standing in their nursing program and at Mercy.
- Scholarship committee will be established for granting scholarships.
  - Committee facilitated by Mercy Health Foundation Springfield
  - Minimum of four (4) voting members appointed by the Mercy Hospital Springfield Chief Nursing Officer and shall include Nursing, Mission, Human Resources, and Finance.

### **Essay Questions:**

**Please respond to two of the following essay questions: (500 word minimum)**

1. As a future nurse, how do you plan to integrate compassion, dignity, and excellence to those you care for?
2. Describe a personal experience with or connection to health care and how it has impacted you personally and academically.

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3. Describe your calling or attraction to the nursing profession

### **Work Commitment Agreement**

This Scholarship Work Commitment Agreement (“Agreement”) is effective as of \_\_\_\_\_, by and between Mercy Hospital Springfield and MHM Support Services (“Mercy”) and \_\_\_\_\_ (“Co-Worker”).

**WHEREAS**, Mercy desires to provide Co-Worker scholarship funds via the Mercy Hospital Springfield Nightingale Scholarship Program (the “Program”) in consideration for Co-Worker’s commitment to remain employed with Mercy in a nursing position throughout the Retention Period (defined below); and

**WHEREAS**, Co-Worker desires to accept the scholarship funds on the Program terms and terms provided in the Agreement.

**NOW THEREFORE**, in consideration for the mutual promises contained herein, the receipt of sufficiency of which is hereby acknowledged by the parties, Mercy and Co-Worker agree as follows:

1. Mercy agrees to provide Co-Worker financial assistance for required courses leading to a nursing degree, up to the Program maximum (the “Scholarship Funds”).
2. Co-Worker is only eligible to receive a scholarship under the Program for semesters that include courses required to obtain a nursing degree and for which Co-Worker received a semester GPA of 2.5 or higher. Co-Worker must submit his/her grades within 60 days of completion of each semester.
3. In consideration for Mercy paying Co-Worker Scholarship Funds under the Program, Co-Worker agrees to remain employed by Mercy in a qualifying nursing position in a status of 0.6 FTE or higher for a period of six (6) months for each semester Co-Worker received Scholarship Funds from Mercy (maximum work retention period of 2 years) after retaining his/her RN degree and license (the “Retention Period”).
4. In order to retain any Scholarship Funds received from Mercy, Co-Worker must remain employed with Mercy while enrolled in the nursing program and remain employed in nursing position in a 0.6 FTE status or higher for the applicable Retention Period. If Co-Worker withdraws from or otherwise does not successfully complete the nursing program, Co-Worker must reimburse Mercy the entire amount of the Scholarship Funds provided by Mercy. If Co-Worker transfers out of a nursing position, Co-Worker fails to maintain at least a 0.6 FTE status, or Co-Worker’s employment with Mercy is terminated (voluntarily or involuntarily) for any reason prior to completing the Retention Period, Co-Worker agrees to repay a prorated amount of the Scholarship Funds received under the Program. The repayment amount will be prorated based on the number of full months of the Retention Period that Co-Worker satisfied.

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- 5. Co-Worker agrees that any repayment amount owed to Mercy under this Agreement may be offset (in full or in part) by retention of Co-Worker’s wages and/or any accrued PTO owed to Co-Worker at termination, up to the maximum amount allowed under applicable state or federal law. If the wages and other payments due to Co-Worker are insufficient to cover the amount due to Mercy, Co-Worker shall pay Mercy any remaining balance due in full within ten (10) days of employment separation, FTE status change, or transfer.
- 6. This Agreement shall be governed by and construed in accordance with the laws of the State of Missouri, without regard to any conflict of the provisions of the laws. In the event Mercy is required to bring an action to enforce the repayment obligations of this Agreement, Mercy shall be entitled to reasonable attorneys’ fees and costs expended in securing enforcement of its rights hereunder.
- 7. This Agreement does not constitute an employment agreement for any specific period of time or alter Co-Worker’s status as an “at will” employee of Mercy.

**WHEREFORE, having fully read and understood the terms of this Agreement, the Parties sign their names below with the intention that they shall be bound by it.**

**Co-Worker**

**Mercy**

**Name:** \_\_\_\_\_

**Print Name:** Karaline Onasch

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Title:** EA to Marie Moore, CNO

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