



Nursing Scholarship Application 2021

**Deadline:
Monday, February 15, 2021**

**Anne Arundel Medical Center Foundation
Nursing Scholarship Overview
Academic Year 2021**

Dear Applicant,

Thank you for your interest in applying for the Anne Arundel Medical Center (AAMC) Foundation Nursing Scholarship Program. The Nursing Scholarship Program was established in 1990 as a memorial to Marlene Reiter, RN, a staff nurse at AAMC. Since then, funds have been donated by family, friends and community organizations to continue support of this valued program. The scholarship fund is designed to encourage and support **AAMC employees** who are currently enrolled in undergraduate and graduate nursing programs. Recipients are selected based upon several criteria including academic achievement, letters of recommendation, community involvement, financial need, and career goals.

To be eligible for a scholarship award, applicants must: a) work at AAMC for at least 6 months; b) be in good standing without written disciplinary actions, and c) be currently enrolled in an accredited undergraduate or graduate nursing program or provide documentation of college acceptance and nursing program study plan. All scholarship recipients are expected to continue their employment at AAMC for one year following receiving of the award. This agreement is concurrent with the Tuition Assistance policy (HR 8.6.02) and Professional Certification Program (HR 8.6.03). Recipients will be awarded the scholarship amount in increments (\$2,000.00 at the dinner, \$1,500.00 at six months and 12 months). Recipients who leave AAMC before the one-year commitment will be asked to repay the full or partial amount of the scholarship award to the AAMC Foundation.

In order to be considered for a Nursing Scholarship Award, applicants must provide the following documentation:

- Nursing Scholarship Application (signed by applicant)
- Career Goals Statement/Essay
- One or two paragraphs expressing financial need
- Copy of acceptance into an accredited undergraduate or graduate nursing program and nursing study plan (applicants taking pre-requisites will not be considered without an acceptance letter)
- Copy of nursing certification in area of specialty practice (if certified)
- Official college transcripts (most recent only)
- Recommendation forms (three forms required: one from Faculty/Educator; one from Clinical Director at AAMC; and one from Peer/Co-Worker)

All applications will be scored on the following criteria:

- Length of employment at AAMC
- Current work status at AAMC (i.e. full time, part time, CPT, etc.)
- Career goals (typed essay)
- Academic achievement (GPA)
- Community involvement
- Recommendation forms (peers, educator, and director)
- Financial need (typed essay and disclosure of current financial assistance)

Nursing Scholarship applications must be received no later than 4 p.m., on Monday, February 15, 2021. Please note that past scholarship recipients may only apply for a Nursing Scholarship once per degree program and cannot win two consecutive years. Incomplete applications will not be considered. Applications must be electronically submitted or typed. Complete scholarship applications should be hand delivered to:

**Anne Arundel Medical Center
Clinical Education & Professional Development Department
Attention: Gena Kosmides, MSN, RN, NPD-BC
2003 Medical Parkway, Suite G-90
Annapolis, MD 21401**

Thank you again for your interest in the Nursing Scholarship Program. Please contact me at ext. 1541 or e-mail: gkosmides@aahs.org if you have any questions.

Sincerely,
Gena Kosmides
Chair, Nursing Scholarship Committee
Department of Clinical Education

**Anne Arundel Medical Center Foundation
Nursing Scholarship Application
Application Deadline: Monday, February 15, 2021**

Personal Profile:

Name:
Employee ID No:
Home Address:
Email:
Phone Number:
Department/Supervisor:
Current Position/Title:

Employment Information:

How long have you worked at AAMC? (month and year):
Current Employment Status (circle one): Regular full-time Regular part-time Other (CPT, etc.)
How many years' experience do you have in your current role?
Are you currently certified in your area of specialty practice? If yes, attach copy: Yes No NA
Have you received a nursing scholarship from the AAMC Foundation in the past? Yes No If yes, what year?

Academic Information:

Name/Address of College/University:
What type of nursing degree are you currently pursuing? Please indicate area of specialization if enrolled in a graduate degree program.
When did you begin your current program (month/year)?
What is your anticipated graduation date (month/year)?

Class Schedule:

List all of the courses that you are currently enrolled in and/or planning to take this year (*January 1, 2021 to December 31, 2021*)

Semester	Course Title/Number	Credits	Cost per Credit

Financial Aid Information:

Are you currently receiving any type of financial aid to help pay for school costs? If so, please explain what types (Pell Grant, other scholarships) and amount of assistance provided to you: Yes No
Are you receiving AAMC Tuition Assistance from Human Resources? Yes No
Are you enrolled in the Project Advance Grant Program at AAMC? Yes No

Community/Volunteer involvement: (must be typed)

Definition of community/volunteer involvement – Performs community service voluntarily without monetary compensation. Service may include but is not limited to: fundraising, missionary work, COPE services, Homeless Resource Day, BP screenings, etc. The scholarship committee has the right to ask for further verification of volunteer involvement if deemed necessary. Cannot use community involvement hours if it is required for your degree program.

1. List the volunteer activities that you have been involved in over the past year. **The number of hours spent per week with each activity must be included or it will not be counted. You also must include signed/dated verification of each volunteer activity. Your volunteer service will not be considered if you do not have the attached form signed and dated.**
2. Describe one nursing experience in the community that has been meaningful to you within the past year.

By signing this Nursing Scholarship Application, I certify that the information given on this application form is true and complete to the best of my knowledge. I also understand that applications containing incomplete or falsified information will not be considered for review by the Nursing Scholarship Committee. If I am selected as an award recipient, I agree to work at AAMC for a period of one year following my award disbursement date – this time commitment to run concurrently with the Department of Human Resources and Project Advance Grant Program work commitments, when applicable.

Applicant Signature: _____ Date: _____

**Anne Arundel Medical Center Foundation
Career Goals Statement
Academic Year 2021**

*Please tell the Nursing Scholarship Committee about yourself, your short-term and long-term career goals, and your plans for achieving your goals in a **typed** essay (minimum of 500 words).*

**Anne Arundel Medical Center Foundation
One – Two Paragraphs Expressing Financial Need
Academic Year 2021**

*Please tell the Nursing Scholarship Committee about your financial situation and how you would use the funds received through the scholarship award in a **typed** essay, one to two paragraphs in length.*

**Anne Arundel Medical Center Foundation
Nursing Scholarship Application 2021**

FACULTY/EDUCATOR RECOMMENDATION FORM

Name of Applicant (please print): _____

Name of Evaluator: _____

Evaluator's Position: _____

Organization: _____

To Whom It May Concern:

The above individual has applied for a nursing scholarship from the Anne Arundel Medical Center Foundation.

You have been selected by the applicant to complete a recommendation form (attached). The scholarship application packet, including recommendation forms, must be submitted no later than **February 15, 2021**. Incomplete application packets will not be considered by the Nursing Scholarship Committee.

The completed Recommendation Form should be returned to:

**Anne Arundel Medical Center
Clinical Education & Professional Development Department
Attention: Gena Kosmides, MSN, RN, NPD-BC
2003 Medical Parkway, Suite G-90
Annapolis, MD 21401**

Please feel free to contact me at 443-481-1541 or gkosmides@aaahs.org if you have any questions.

Sincerely,

Gena Kosmides,
Chair, Nursing Scholarship Committee

**Anne Arundel Medical Center Foundation
Nursing Scholarship Application 2021**

FACULTY/EDUCATOR RECOMMENDATION FORM

Please rate the applicant (print name) _____ on the following questions using the scale below:

Consistently = 4
Frequently = 3
Occasionally = 2
Seldom = 1

- | | | |
|----|---|---------|
| A. | The applicant demonstrates professionalism. | 1 2 3 4 |
| B. | The applicant demonstrates leadership skills in the clinical setting. | 1 2 3 4 |
| C. | The applicant is a motivated learner. | 1 2 3 4 |
| D. | The applicant is confident in his/her abilities. | 1 2 3 4 |
| E. | The applicant is a team player and well respected by his/her peers. | 1 2 3 4 |
| F. | The individual embodies the nursing qualities of dedication, compassion, and trust. | 1 2 3 4 |

Please feel free to add any additional comments about the applicant (*may attach extra sheet if necessary*):

Evaluator's Signature: _____

Date: _____

**Anne Arundel Medical Center Foundation
Nursing Scholarship Application 2021**

PEER/CO-WORKER RECOMMENDATION FORM

Name of Applicant (please print): _____

Name of Evaluator: _____

Evaluator's position: _____

Department: _____

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**Anne Arundel Medical Center Foundation
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PEER/CO-WORKER RECOMMENDATION FORM

Please rate the applicant (print name) _____ on the following questions using the scale below:

Consistently = 4
Frequently = 3
Occasionally = 2
Seldom = 1

- | | | |
|----|---|---------|
| A. | The applicant demonstrates professionalism in the workplace. | 1 2 3 4 |
| B. | The applicant is committed to the organization. | 1 2 3 4 |
| C. | The applicant displays leadership qualities. | 1 2 3 4 |
| D. | The applicant participates in committee meetings and unit activities. | 1 2 3 4 |
| E. | The applicant is a team player and well respected by his/her peers. | 1 2 3 4 |
| F. | The individual embodies the nursing qualities of dedication, compassion, and trust. | 1 2 3 4 |

Please feel free to add any additional comments about the applicant (*may attach extra sheet if necessary*):

Evaluator's Signature: _____

Date: _____

**Anne Arundel Medical Center Foundation
Nursing Scholarship Application 2021**

CLINICAL DIRECTOR RECOMMENDATION FORM

Name of Applicant (please print): _____

Name of Evaluator: _____

Evaluator's Position: _____

Department: _____

To Whom It May Concern:

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- Seldom = 1

- A. The applicant demonstrates professionalism in the workplace: 1 2 3 4
- B. The applicant is committed to the organization: 1 2 3 4
- C. The applicant displays leadership qualities: 1 2 3 4
- D. The applicant participates in committee meetings and unit activities: 1 2 3 4
- E. The applicant is a team player and well respected by his/her peers: 1 2 3 4
- F. The individual embodies the nursing qualities of dedication, compassion, and trust. 1 2 3 4

Please verify applicants current FTE _____

Please verify that the employee is in good standing (no written or above disciplinary actions, poor time and attendance, or substandard work appraisals, etc.)

Employee is in good standing - Yes No

Any further comments you wish to include about the applicant (*may attach extra sheet if necessary*):

Evaluator's Signature: _____

Date: _____

**Anne Arundel Medical Center Foundation
Nursing Scholarship Application 2021**

VOLUNTEER VERIFICATION FORM

This form is to verify that (print name) _____ completed _____

hours as a volunteer for _____

Volunteer Date: _____

Volunteer Time: _____

Volunteer Location: _____

Job function: _____

Supervisor at volunteer site signature/date: _____

Supervisor e-mail address/phone number: _____