

# Peg Edwards Nursing Scholarship

## Scholarship Application Information and Instructions

Scholarship Year 2020-2021

### **Purpose:**

The Peg Edwards Nursing Scholarship was established to honor Peg's dedication to the nursing profession. She was a Registered Nurse for over 39 years and received her Bachelor's degree in Nursing in 2009. This scholarship's purpose is to support a student whose intention is to obtain a Bachelor's degree in Nursing and who demonstrates the initiative and leadership qualities to make a positive contribution to the health care industry by working in the field of nursing.

### **Award Components:**

One (1) \$1,000 scholarship awarded to the selected applicant upon evidence of enrollment/registration in an accredited nursing program.

Scholarship recipient will be announced May 10, 2020. Recipient will be notified by contact information given on the application. If recipient does not contact the selection committee to accept the scholarship within seven (7) days, the scholarship will be awarded to the runner-up.

Scholarship recipient will also receive an invitation to the Scholarship Recipients' Dinner on May 28<sup>th</sup>, 2020 at SSM Health Good Samaritan Hospital.

**Note:** A Scholarship certificate will be awarded when recipient has been selected, however, scholarship check will be awarded only when scholarship recipient provides evidence of enrollment/registration in an accredited nursing program. Specific details will be given to recipient when certificate is presented.

### **Criteria:**

- Pursuing a Bachelor's degree in Nursing
  - Applicants need not be enrolled in a four year nursing program to be eligible for this scholarship. Applicants may be attending a two year nursing program with the intention of receiving a Bachelor's degree in Nursing or higher upon completion of the two year program.
- Outstanding student
- Demonstration of initiative and leadership skills and/or abilities

## **Application Process:**

- Completion of Scholarship Application which includes:
  - Application
  - Personal Statement Attachment
  - Essay Attachment
- Applicants must submit a copy of transcript of school currently attending or most recently attended.
  - An official transcript will be required before the scholarship will be awarded to the chosen recipient.
  - If applicant has been out of school for more than 10 years transcript is not required.
- Applicants must submit two (2) letters of recommendation.
  - Letters must include contact information of the letter writer.
  - Letters must be in a sealed envelope with the letter writer's signature across the seal of the envelope.

## **Deadline:**

- **Deadline to submit applications is April 20, 2020. All applications must be postmarked by the April 20<sup>th</sup> deadline.**
- Application and all supporting documentation must be submitted together in one packet.
  - Application (Don't forget to sign the last page of the application!)
  - Letters of Recommendation (2)
  - Copy of transcript (if applicable)
  - Personal Statement
  - Essay
- Application must be submitted by mail.
- Application packet should be mailed to:
  - Good Samaritan Hospital Foundation
  - 1 Good Samaritan Way
  - Attention: Peg Edwards Nursing Scholarship
  - Mt. Vernon, Illinois 62864

# Peg Edwards Nursing Scholarship Application

Scholarship Year: 2020-2021

## A. Demographic Information

**Name:**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Address:**

Street & Number \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

**Best Daytime Phone & Email:**

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Date of Birth, Gender & Citizenship:**

Date of Birth \_\_\_\_\_ Male  Female

Are you a U.S. citizen? Yes  No

**Have you been awarded any other financial assistance and/or scholarships to assist with the upcoming school semester?** Yes  No

If yes, please list below and the amount awarded. (If additional space is needed please continue list on the back of this page.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## B. Schools Attended

**1. HIGH SCHOOL: (Please skip section B1 if you are not a high school senior.)**

**Which high school are you attending and what is your anticipated graduation date?**

High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

**Upon completion of high school, which nursing program do you plan to attend?**

Nursing program \_\_\_\_\_

Is this an Associate's degree or Bachelor's degree program? Associate's  Bachelor's

If you are attending an Associate's degree program, which nursing program do you plan to attend to obtain your BSN? \_\_\_\_\_

**2. NURSING PROGRAM:**

**Are you currently enrolled in a nursing program?** Yes  No

**If yes, which nursing program are you currently enrolled and what is your anticipated graduation date?**

Nursing program \_\_\_\_\_ Anticipated Graduation \_\_\_\_\_

If the nursing program in which you are currently enrolled is an Associate's degree program, which nursing program do you plan to attend to obtain your BSN?

Nursing program \_\_\_\_\_ Anticipated Enrollment Date for BSN \_\_\_\_\_

**If no, which nursing program do you plan on attending and what is your anticipated enrollment date?**

Nursing program \_\_\_\_\_ Anticipated Enrollment Date \_\_\_\_\_

If you plan to enroll in an Associate's degree program, which nursing program do you plan to attend to obtain your BSN? \_\_\_\_\_

**C. Employment**

**Are you currently employed?** Yes  No

If yes, where are you employed? \_\_\_\_\_

What position do you hold? \_\_\_\_\_ How many hours per week do you work? \_\_\_\_\_

How long have you worked in your current position? \_\_\_\_\_

## D. Personal Statement

Your personal statement should be typed and attached to this application. Please address the following categories:

- Brief introduction of yourself.
- Extracurricular activities, community involvement and/or volunteer activities.
- Past awards and/or personal achievements.
- Current and/or past positions, roles and/or experiences in which you have demonstrated your leadership skills and abilities.
- Career goals.
- Why you believe you should be awarded the Peg Edwards Nursing Scholarship.
- Any other personal information you would like the Scholarship Selection Committee to know about you.

## E. Essay

Your essay should be typed and included with this application. Please answer the following question:

How do you feel you will make a positive contribution to the health care industry by working in the nursing profession?

## F. Statement of Accuracy

I hereby affirm that all the information provided by me in this application and its attachments is my own work and is true and correct to the best of my knowledge and belief.

I hereby affirm that it is my intention to obtain at least a Bachelor's degree in Nursing upon completion of my post-secondary education at the institution(s) of my choice.

I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Peg Edwards Nursing Scholarship and/or SSM Health Illinois.

I hereby understand that if chosen as the Peg Edwards Nursing Scholarship winner, I must provide evidence of enrollment/registration in an accredited nursing program before scholarship funds can be awarded. If I have not been out of school for more than ten (10) years, I will be required to provide an official transcript from the school I most recently attended and/or graduated.

Signature of scholarship applicant \_\_\_\_\_ Date \_\_\_\_\_