

NANCY D. ADAMS NURSING LEADERSHIP SCHOLARSHIP APPLICATION

For Funding Coordinated by the Western Maryland Health System Foundation 2017-2018 Academic Year Scholarship and Information/Application

1. Refer to page three (3) 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 240-964-8061.

SCHOLARSHIP NAME: Nancy D. Adams Nursing Leadership Scholarship

**Please visit www.wmhs.com to review scholarship eligibility requirements.*

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.	Telephone Numbers: Home () Work: () Cell: ()												
4.	Email Address: _____												
5.	Date of Birth: Month Day Year												
6.	Social Security Number: _____												
7.	In the Fall of 2015, I will be attending college as a: (Circle one) Junior Senior Other: _____ Major: _____ Anticipated Graduation Date: _____ (month) _____ (year)												
8.	I will be attending the following school in the <u>Fall of 2017</u> : _____ Proof of acceptance or current student enrollment from the above school is required . See page 3, 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 3, 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.												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; padding: 5px;">A.</td> <td style="padding: 5px;">Name of WMHS Facility/Campus: _____</td> <td style="width: 5%; padding: 5px;">D.</td> <td style="padding: 5px;">Department Name: _____</td> </tr> <tr> <td style="padding: 5px;">B.</td> <td style="padding: 5px;">Length of your employment/volunteering at WMHS: _____</td> <td style="padding: 5px;">E.</td> <td style="padding: 5px;">Employment Status: (Check one) ___ Full Time ___ Part Time ___ Relief</td> </tr> <tr> <td style="padding: 5px;">C.</td> <td style="padding: 5px;">Supervisor's Name _____</td> <td style="padding: 5px;">F.</td> <td style="padding: 5px;">Supervisor's Work Phone #: _____</td> </tr> </table>	A.	Name of WMHS Facility/Campus: _____	D.	Department Name: _____	B.	Length of your employment/volunteering at WMHS: _____	E.	Employment Status: (Check one) ___ Full Time ___ Part Time ___ Relief	C.	Supervisor's Name _____	F.	Supervisor's Work Phone #: _____
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B.	Length of your employment/volunteering at WMHS: _____	E.	Employment Status: (Check one) ___ Full Time ___ Part Time ___ Relief										
C.	Supervisor's Name _____	F.	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.																								
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">A.</td> <td colspan="4">Their full name:</td> </tr> <tr> <td>B.</td> <td style="width:45%;">Name of WMHS Facility/Campus:</td> <td>E.</td> <td colspan="2">Department Name:</td> </tr> <tr> <td>C.</td> <td>Length of <i>their</i> employment/volunteering at WMHS:</td> <td>F.</td> <td colspan="2"><i>Their</i> Relationship To You:</td> </tr> <tr> <td>D.</td> <td><i>Their</i> supervisor's Name:</td> <td>G.</td> <td colspan="2"><i>Their</i> Supervisor's Work Phone #:</td> </tr> </table>					A.	Their full name:				B.	Name of WMHS Facility/Campus:	E.	Department Name:		C.	Length of <i>their</i> employment/volunteering at WMHS:	F.	<i>Their</i> Relationship To You:		D.	<i>Their</i> supervisor's Name:	G.	<i>Their</i> Supervisor's Work Phone #:	
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D.	<i>Their</i> supervisor's Name:	G.	<i>Their</i> 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.	Please attach a brief essay or portfolio outlining your demonstrated leadership ability.	
16.	List your community service activities and extracurricular activities/professional memberships, 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.	A. The following items must be attached for this application to qualify to be reviewed by the scholarship committee. B. Circle "YES" or "NO" to be sure you have attached each item as required.	
	YES NO	Personal Essay Or Portfolio. A brief essay or portfolio outlining your demonstrated leadership ability.
	YES NO	Two (2) Letters of Recommendation: A letter of endorsement from applicant's direct supervisor <u>AND</u> one from a member of the WMHS medical staff. Name of Direct Supervisor Providing Recommendation: _____ Name of WMHS Medical Staff Providing Recommendation _____
	YES NO	Proof of college acceptance or current student enrollment. A letter of college acceptance or enrollment verification to a BSN or higher Nursing/Business Administration program
	YES NO	Most recent college transcript.

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

Applicant's signature _____ Date _____

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
Monday, March 27, 2017 at 5 PM.*

Selected applicants will be notified by Monday, April 24, 2017.

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.