



## Nelles Nurse Scholarship Program Information

The Nelles Nurse Scholarship program will provide recognition and financial support to student nurses in an effort to set the highest healthcare quality benchmarks and retain outstanding nurses in Montana. To be a Nelles Nurse is a high honor.

### Eligibility For Application:

1. Students may first apply beginning the second semester of their sophomore year of a Baccalaureate program, or upon acceptance to an Associate's, Master's, or Doctorate Nursing program.
2. Students must show proof of enrollment in an accredited Associate's, Baccalaureate, Master's, or Doctorate Nursing program. Baccalaureate students must also provide proof of placement into the upper division Nursing Program.
3. Students must submit an official transcript of their studies showing a current GPA of 3.0 or greater.
4. Financial need is not a criterion for scholarship approval.
5. Scholarship recipients commit to accepting offered full time employment based on funding:
  - a. 1-3 semesters of funding require 1 year of full-time employment in an acute care setting
  - b. 4-5 semesters of funding require 2 years of full-time employment in an acute care setting
6. Please understand that funds are limited. Meeting eligibility requirements and applying alone do not guarantee that an applicant will be awarded the scholarship. Interviews will be conducted to choose the best candidates.

### How To Apply:

1. Application packets are available online at [www.svfoundation.org/about-us/scholarship/nelles-nurse](http://www.svfoundation.org/about-us/scholarship/nelles-nurse)
2. Applications are due by **May 15th for fall semester** consideration and by **November 1st for spring semester** consideration. Late or incomplete applications will not be considered.
3. Please include all the following in an email to [Nelles-Nurse-Scholarship@imail.org](mailto:Nelles-Nurse-Scholarship@imail.org)
  - a. Completed and signed application form (pages 2 and 3 of this packet)
  - b. Letter of Intent, up to one page in length, answering the following:
    - i. Why did you choose to go into nursing?
    - ii. Identify strengths you will bring to the organization.
    - iii. What are your career goals for your first 5 years as a nurse?
    - iv. What motivates you the most?
    - v. Identify any additional skills/talents that should be considered.
  - c. Official transcript from college or university of enrollment, including a GPA of 3.0 or higher
  - d. Acknowledgement of SCL Health Mission, Vision, and Core Values (page 4 of this packet)
  - e. Two (2) professional letters of reference
  - f. A copy of your letter of acceptance into an accredited Nursing program



## Nelles Nurse Scholarship Program Application Form

**Applicant Information:**

|                 |                       |                          |
|-----------------|-----------------------|--------------------------|
| Last Name       | First Name            | Middle Name              |
|                 |                       |                          |
| SSN             | School's student ID # | St. V's S# (if employed) |
|                 |                       |                          |
| Mailing Address |                       | City, State, Zip         |
|                 |                       |                          |
| Cell Phone #    | Home / Work Phone #   | Email address            |
|                 |                       |                          |

**Education Program Information:**

|  |                        |  |
|--|------------------------|--|
| College / University currently attending |                        | Current semester / year                                  |
|  |                        |  |
| Degree pursuing                          | Anticipated graduation | Accepted into Nursing Program?                           |
|  |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Relevant Work History:**

| Employer | City, State | Position Title | Years Active |
|----------|-------------|----------------|--------------|
|          |             |                |              |
|          |             |                |              |
|          |             |                |              |

**References:** Please list three (3) personal references.

| Name | Relationship | Phone # | Email address |
|------|--------------|---------|---------------|
|      |              |         |               |
|      |              |         |               |
|      |              |         |               |



## Nelles Nurse Scholarship Program Application Form

### Application Process:

1. The Scholarship Committee will review applications to determine the most qualified candidates.
2. During the selection process interviews may be necessary. Interviews may be in person, by video-conferencing, or by phone. Applicants are responsible for their own expenses related to interviewing, if applicable.
3. Recipients will be notified of acceptance in writing with the expected term of employment defined.
  - a. Scholarship awards may be considered taxable income to you per IRS regulations. You are encouraged to talk with Human Resources to discuss in further detail. You are also encouraged to talk with a tax advisor to determine how any scholarship award may impact you.
4. Scholarship funds will be remitted to the College or University of enrollment, in the amount of \$3,000 per academic semester for full time enrollment. This may be prorated for part time students. This is intended to cover tuition, fees, books, and other eligible expenses related to the Nursing student's academic program.
5. Recipients who maintain acceptable academic progress **may request funding for each subsequent semester** through the final semester of their nursing program. To do this, please email an **unofficial transcript at the end of every semester**, including final grades, to [Nelles-Nurse-Scholarship@imail.org](mailto:Nelles-Nurse-Scholarship@imail.org).
6. Recipients who fail to maintain satisfactory academic progress will be removed from the program and must return any remaining part of their scholarship immediately.

### Certification & Release: please initial each item to the left

\_\_\_\_ I certify that the information in this application is true and complete to the best of my knowledge.

\_\_\_\_ I understand that if accepted into this program, the falsification or willful omission of information on this application shall be considered sufficient cause for my removal from the program.

\_\_\_\_ I consent to and authorize St. Vincent Healthcare to request any information concerning my previous employment or academic record as indicated on this application.

\_\_\_\_ I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing such job or academically related information.

\_\_\_\_ By signing below, I acknowledge that I have read and understand the Nelles Nurse Scholarship Program policy and application procedures.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



## Acknowledgement of SCL Health Mission, Vision, and Core Values

### Mission

We reveal and foster God's healing love by improving the health of the people and communities we serve, especially those who are poor and vulnerable.

### Vision

Inspired by our faith,

- We will be distinguished as the premier person-centered health system and trusted partner.
- We will share accountability with clinicians and other stakeholders to coordinate care across all settings and improve access, quality, health outcomes, and affordability.
- We will grow as community-based health networks to serve more people in partnerships with others who share our vision and values.

### Core Values

1. **Caring Spirit** - We honor the sacred dignity of each person.
2. **Excellence** - We set and surpass high standards.
3. **Good Humor** - We create joyful and welcoming environments.
4. **Integrity** - We do the right thing with openness and pride.
5. **Safety** - We deliver care that seeks to eliminate all harm for patients and associates.
6. **Stewardship** - We are accountable for the resources entrusted to us.

I, \_\_\_\_\_, acknowledge that I have read and understand SCL Health's  
(print name)

Mission, Vision, and Core Values and the related expectations of future employment as stated above.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_