



Brazosport Health Foundation

CHI St. Luke's Health Brazosport Health Foundation
Adelaide R. Thorpe Scholarship
Associate Degree of Nursing at Brazosport College
Nursing Scholarship Application Packet

FOR MORE INFORMATION CONTACT:

CHI St. Luke's Health Brazosport Health
Foundation (BHF)
P.O. Box 90
1 West Way Court (physical address)
Lake Jackson, TX 77566
979.297.6190

**APPLICATION FOR BRAZOSPORT COLLEGE ASSOCIATE-NURSING DEGREE
CLASS OF Spring 2019.**

DUE: Thursday, June 30, 2016

RECIPIENT ANNOUNCED: Tuesday, July 19, 2016

REVIEW PROCESS

1. Confidentiality of all information will be maintained.
2. Each applicant's packet will be reviewed by three readers.
3. Each scholarship will be approved for the two year AND program, with mid-year review.
4. The \$10,000 scholarship is paid in the amount of \$2500 prior to each of the four semesters if the recipient remains eligible.
5. Finalists will be selected from the pool of candidates and will be personally interviewed by the Review Committee.

APPLICATION PACKET CHECKLIST

1. A copy of the current acceptance letter for Brazosport College AND program.
2. A completed FAFSA (Free Application for Federal Student Aid) from the Brazosport College Financial Aid Office
3. All prior and current official transcripts are required. The transcripts should be submitted in sealed envelopes from the institution issuing the document

GENERAL REQUIREMENTS

1. If applicant is a current/past employee of CHI St. Luke’s Health Brazosport, they must be eligible for rehire at the time of application for the scholarship and graduation from the BC Associate Nursing Program.
2. Upon notification of award, recipient is expected to make direct contact with BHF.
3. The recipient is required to submit tuition, book and lab fee paid invoices to BHF at the beginning of each semester.
4. Must maintain a 2.5 GPA in Associate Nursing Program and required academic nursing curriculum courses taken.
5. Upon receipt of each semester’s final grade report, the recipient is required to submit it for review to BHF, ensuring educational progress of each scholarship recipient towards the completion of his/her educational goal. Failure to make adequate progress may result in the revocation of the scholarship.
6. Upon completion of nursing program, recipient must work for CHI St. Luke’s Health Brazosport for a period of at least two years, unless the hospital elects not to employ them for specific reasons, which will be provided to the recipient.

APPLICATION CRITERIA

1. Must be a U.S. citizen.
2. Must register for a full-time equivalency course schedule.
3. Students are ineligible if they are receiving VA benefits or have another major scholarship.

APPLICATION CRITERIA FOR CHI ST. LUKE’S HEALTH BRAZOSPORT HUMAN RESOURCES:

Your answers will be reviewed by CHI St. Luke’s Health Brazosport Human Resources to determine if you are eligible to begin work with the hospital upon graduation from the AND Program.

1. Do you have any criminal convictions (misdemeanor or felony?)
Yes _____ No _____
If yes, please explain: _____

2. Do you have any current or previous sanctions or exclusions to participate in any federal health plan?
Yes _____ No _____
If yes, please explain: _____

3. Are you authorized to work in the United States?

Yes _____ No _____

4. Have you ever been asked to resign from a job?

Yes _____ No _____

If yes, please explain: _____

POLICY ON RESCINDING SCHOLARSHIPS

Students are informed of the scholarship criteria in this application and when they receive their award letter. Any student who no longer meets the requirements of the scholarship will have the scholarship rescinded if:

- the student changes majors
- fails to maintain the required GPA
- progress or performance is deemed to be unsatisfactory
- ceases to be registered as a student with Brazosport College

In such a case, the student will be notified by letter and there will be no opportunity for restoration of the scholarship.



Brazosport Health Foundation

Adelaide Thorpe Scholarship

APPLICATION (Please print legibly.)

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Please complete the four questions below on separate paper with no more than 200 words for each answer.

1. Describe your current and past community involvement.
2. Why do you want to pursue a career in nursing?
3. Why are you applying for this scholarship?
4. What is your vision in using your nursing degree in the next five years?

I affirm that the preceding information is complete and correct. I understand that misrepresentation or omission of information makes me ineligible for consideration for a scholarship.

Student Signature

Date

I understand that I am required to work for CHI St. Luke's Health Brazosport for two years, with fair market compensation, following the completion of my nursing education.

Student Signature

Date