Good Samaritan Nursing Scholarships

Through the wonderful generosity of our donors, Good Samaritan Foundation is able to offer continuing education scholarships for staff pursuing a Bachelor’s of Science in Nursing (BSN) or Masters of Science in Nursing (MSN) degree while employed at Legacy Good Samaritan Medical Center.

The Good Samaritan Nursing Scholarships will be awarded on an annual basis. Applications are due in January and are approved for the 2018 calendar year. All clinical programs are eligible and encouraged to apply.

*Amount of Award:* up to $5,000 annually for BSN, MSN or DNP*

*Submission Deadline:* January 8, 2018

*Recipients Notified By:* February 16, 2018

*Awards Checks Mailed:* March 2018

**Eligibility**
Candidates must meet the following criteria to apply:

- Current employee at Legacy Good Samaritan Medical Center.
- Accepted to/enrolled in a program leading to a Bachelor’s of Science in Nursing (BSN) or Masters of Science in Nursing (MSN) degree. *Doctorate of Nursing Practice (DNP) degrees are only eligible if the intent is to remain a bedside nurse (as opposed to a prescribing provider.) Family Nurse Practitioner (FNP) degrees are NOT eligible.*
- Taking courses leading directly to a BSN or MSN degree.
- GPA of at least 3.0.

Any employee in a BSN program is eligible to apply.

Part-time employees may receive pro-rated awards.

**Multiple Awards**
While priority will be given to applicants who have not yet received a scholarship award, employees who have previously received an award may apply again in a future year(s). Pending continued availability of funds, nurses may be eligible to receive annual awards for up to three years for BSN and up to two years for MSN.
Good Samaritan Nursing Scholarship
APPLICATION

Applicants must submit the following items for evaluation by the selection committee via email to Kristine Krause, kkrause@lhs.org, or mail to Kristine Krause, The Office of Philanthropy, PO Box 4484, Portland, OR 97208, with the subject line “Good Samaritan Nursing Scholarship”, received no later than January 8, 2018:

1) Personal Statement of Financial Status
2) Personal Essay
3) A letter of reference from your manager

Candidates must type their application using this form to be considered.

Name___________________________________________________________
Address_______________________________________________________
                                  Street           City       State       Zip
Phone_____________________________ Email_____________________________________________________
Employee ID#______ Cost Center_______ Supervisor Name____________________________
Hospital department of employment_____________________________________
Position Title________________________ Is a BSN/MSN required for your position?________
Are you full time or part time? Please list your FTE status: ___________________________
Length of employment with Legacy Good Samaritan Creek Medical Center_____________
Length of employment with Legacy Health___________________________________________
Last completed degree___________________________________________________________
Name of educational institution funds are requested for___________________________
Program Name_________________________ Cumulative GPA (if currently enrolled)____
University Mailing Address:________________________________________________________________
City, State, Zip: _______________________________________________________________________
Student ID #: ______________________________ Term Start Date: _______________________
When did/will you start this program? ________________________________________________
When do you expect to complete your degree? ______________________________________

Have you been awarded this scholarship before? ____________________________________

If yes, in what year(s) and how much funding did you receive? ________________________

Has LEAP approved your 2017 term coursework? ________________________________

**Personal Statement of Financial Status:**

<table>
<thead>
<tr>
<th>How many credit hours do you intend to take in the 2018 school year?</th>
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<tbody>
<tr>
<td>Tuition cost per credit hour:</td>
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<td>x $</td>
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<td>Expected total 2018 tuition cost:</td>
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<td>Expected 2018 LEAP reimbursement:</td>
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<td>- $</td>
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<tr>
<td>Other scholarships or tuition assistance expected?</td>
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<tr>
<td>- $</td>
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<tr>
<td><strong>Remaining balance:</strong></td>
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<tr>
<td>= $</td>
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</tbody>
</table>

Please provide a brief statement generalizing your financial status. Consider how you plan to finance your education. If applicable, include details about your family's financial situation such as the number of family members currently pursuing post-secondary education or other important considerations. Please indicate if you have received other financial aid or scholarships, and from what source.

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Essay

Explain 1) your desire to further your education, your career goals and any special interests you may have; 2) how furthering your education will positively impact patient care at Legacy Good Samaritan; and 3) why you should be awarded the scholarship.
CERTIFICATION

I hereby certify that all the information provided in and with this application is true and accurate. Further, I certify that my own ideas and work product are set forth in this application.

__________________________________________  _________________
Applicant’s Signature                               Date

Check List

☐ Completed application – signed by applicant and dated.

☐ A letter of reference from your supervisor.

☐ Transcripts from Educational Institution, if currently enrolled.

Scholarship recipients will be notified by February 16, 2018. Award checks will be mailed directly to the educational institution in March 2018.