LEGACY HEALTH

Good Samaritan Foundation

# 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 of Science in Nursing (BSN) or Master 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 April 2027-March 2028 terms. 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 15, 2027
***Recipients Notified By:*** March 2027
***Awards Checks Mailed:*** April 2027

**Eligibility**

Candidates must meet the following criteria to apply:

- Current employee at Legacy Good Samaritan Medical Center for at least one year.
- Accepted to/enrolled in a program leading to a Bachelor of Science in Nursing (BSN) or Master of Science in Nursing (MSN) degree.
- Doctor of Nursing Practice (DNP) degrees are only eligible if the individual plans to remain in nursing (as opposed to a prescribing provider.) However, BSN and MSN students will be given priority over doctoral candidates.
- ***Nurse Practitioner (prescribing provider) degrees are NOT eligible.***
- Taking courses leading directly to a BSN, MSN or DNP 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.

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## 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 15, 2027:

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 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?_____

Will you apply to Legacy's Education Assistance Program* for your April 2027-March 2028 coursework?_____

*$1,000 for 0.6-0.89 FTE/$2,000 0.9-1.0 FTE annually. Details on the intranet: Education Assistance Program

**Personal Statement of Financial Status:**

| | |
|---|---|
| How many credit hours do you intend to take April 2027-March 2028? | |
| Tuition cost per credit hour: | x $ |
| Expected total annual tuition cost: | $ |
| Expected Legacy Education Assistance Program reimbursement: | - $ |
| Other scholarships or tuition assistance expected? | - $ |
| **Remaining balance:** | **= $** |

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.

**Essay Questions –** *Responses must be 250-500 words.*

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.

Explain 1) what you have done for Legacy Good Samaritan to improve the quality of clinical care; 2) how have you contributed to the success of your unit/dept/hospital in quality, finance, employee engagement, patient experience, etc.

## CERTIFICATION

***Applicant:***

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

***Supervisor:***

I hereby certify that this applicant is in good employment standing and has supervisor approval to apply for Good Samaritan Foundation Nursing Scholarship funds.

_____ _____

Supervisor's Signature Date

_____

Supervisor's Printed Name

## Check List

☐ Completed application – signed by applicant and dated

☐ Transcripts, if currently enrolled – one copy

☐ Supervisor Approval Signature

Scholarship recipients will be notified by March 2027. Award checks will be mailed directly to the educational institution in April 2027.