



# PROMEDICA

## COLDWATER REGIONAL HOSPITAL

### *Marina Dutcher Memorial Nursing Scholarship*

#### **General Information:**

- A minimum of one \$500 scholarship will be given each year.
- Eligible students include full-time or part-time students who are entering or continuing a registered nursing program or current healthcare workers advancing their degree to R.N.
- The scholarship is renewable.
- Payment will be issued to the scholarship recipient and can be used for tuition, books or other expenses.
- The Scholarship will be distributed in May of each year.
- The Scholarship deadline is March 30, 2018.

#### **Criteria for Eligibility:**

- Must be Branch County resident or a hospital employee
- Must be accepted into R.N. program
- Must show proof of enrollment in College of Nursing and degree program
- Must complete application in full
- Must submit letter of reference from faculty member
- If a renewal, must have maintained a 2.5 GPA in the prior year

#### **Recipient Selection:**

- The selection committee will be comprised of
  - A minimum of 1 representative from the Dutcher, Weigt, and Thrasher families,
  - A minimum of 1 Foundation Board representative
  - A minimum of one member of the nursing staff.
  - A minimum of one member of the Nursing Administration
  - ProMedica Coldwater Regional Hospital President & CEO
- Personal interviews with the finalists may be conducted by the selection committee.
- The Dutcher family and a representative of the ProMedica Coldwater Regional Hospital Foundation will present the recipient with the scholarship check.



**II. Educational Information**

Student Status:    Freshman       Sophomore       Junior       Senior

College you are enrolled in or plan to attend and have been accepted at:

\_\_\_\_\_

Proposed college program: \_\_\_\_\_

Anticipated date of program completion: \_\_\_\_\_

Other scholarships, grants, loans or financial assistance you have received (please give name and monetary value of each):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Other scholarships, grants, loans, or financial assistance you have applied for (other than this scholarship and those listed above):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**III. References, Activities and Recognition**

Please list three references:

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Please use separate sheet of paper if needed for the following:

Please provide information on organizations/activities you are/have been involved in, interests, special talents, and special recognition you have received. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain why you have chosen this course of study and your long-term goals it will help you achieve:

---

---

---

Please give any other information which will aid the committee in processing this application: \_\_\_\_\_

---

---

---

#### IV. Certification

I hereby acknowledge that the information submitted herewith is true and correct. I fully understand that is a stipend is awarded to me it is to further my education in the nursing field. I agree to use the financial aid received in accordance with the intent for which the award was given. In the event that I do not enter a nursing program, or, if after entering, terminate the program prior to using the granted aid, I will relinquish all claim to the aid in order that it might be awarded to another. In case of termination, I will return all monies not encumbered or expended.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Please send application and attachments to:

ProMedica Coldwater Regional Hospital  
274 East Chicago Street  
Coldwater, MI 49036

Following items attached:

- High school and/or college transcript
- Letter of reference from faculty member
- Proof of enrollment in College of Nursing
- Proof of enrollment in Associates Degree program
- Proof of acceptance into R.N. program

Date application received: \_\_\_\_\_