



# PROMEDICA

## COLDWATER REGIONAL HOSPITAL

### *Joe and Irene Weigt Memorial Nursing Scholarship*

#### **General Information:**

- A minimum of one \$500 scholarship will be given each year.
- Scholarship is for a student entering or continuing a registered nursing program or current healthcare worker advancing his/her degree to R.N.
- Scholarship is renewable.
- Scholarship check will be payable to the recipient and school/bookstore.
- Scholarship can be used for tuition or books.
- Scholarship is open to full-time students.
- Scholarship will be given on May 5 of each year.
- Scholarship deadline is March 30, 2018.

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

- Must be resident of Branch, Calhoun or St. Joseph Counties
- 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
- Recipient will be selected from all eligible applications received by the stated deadline on the application.
- The Weigt family and a representative of the ProMedica Coldwater Regional Hospital Foundation will present the recipient with the scholarship check

***Joe and Irene Weigt  
Memorial Nursing Scholarship Application***

*Instructions:*

- Please complete the application in full, typed or in black or blue ink.
- Enclose high school and/or college transcript.
- Enclose letter of reference from faculty member.
- Enclose proof of enrollment in College of Nursing and Associates Degree program.
- Enclose proof of acceptance into R.N. program
- Application must be received no later than March 30, 2018. Applications may be submitted electronically to [tdepew@chcbc.com](mailto:tdepew@chcbc.com) but must be scanned copies with signatures.

**I. Personal Information**

Name: \_\_\_\_\_  
  Last  Middle  First

Address: \_\_\_\_\_  
  Street  City

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Your employment: \_\_\_\_\_  
  Occupation  Company

Family Status:            Single            Married            Divorced            Separated

If married, name of spouse: \_\_\_\_\_

Spouse's employment: \_\_\_\_\_  
  Occupation  Company

Children:	Name	Age	School
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Please indicate your total household income: \$ \_\_\_\_\_

If granted this scholarship, how would it be used: \_\_\_\_\_

**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:

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

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**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 Foundation  
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: \_\_\_\_\_