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.
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 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 annual 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:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

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: ________________________________