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@chbc.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:


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 if 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: ___________________________