



## 2025 NURSING Scholarship Program

### Guidelines

**Daviness Community Hospital is committed to improving the health of the people who live in our communities by providing excellent medical care, ensuring access to that care, teaching healthy lifestyles, and working with local agencies to meet community health needs. In keeping with our mission, DCH supports the growth and development of current and future nurses.**

#### **What is the Daviness Community Hospital Foundation Nursing Scholarship?**

- The vision of the scholarship program is to identify a selected number of future nursing professionals to promote the profession of nursing and cultivate future nursing leaders within our community.
- The nursing scholarship is funded by the Daviness Community Hospital Foundation and payable to the applicants' school. The scholarship allows recipients to utilize the funds at their discretion to support their successful completion of their degree from an accredited school of nursing.
- This is a unique opportunity for nursing students that begins in their final year of nursing education. The scholarship is intended to support future nursing professionals as they achieve their educational objectives, nursing licensure, and career goals in nursing at DCH.

#### **What are the requirements of the scholarship program?**

- Interested applicants must be entering their final year of nursing education, and must be in good standing with an accredited school of nursing.
- The scholarship candidate will, at the time of application, have a GPA of 3.2 or higher.
- The scholarship candidate will need to be currently enrolled in their last year and be eligible to take the NCLEX exam upon completion of nursing courses.
- Students will apply for a nursing position with DCH their last semester of school.
- As part of the program, the future nursing professional must sign an agreement to remain employed at DCH as a Registered Nurse in a direct patient care area full time for a period of two (2) years.
- If separation of employment occurs before the 2-year obligation is met, the entire scholarship amount must be repaid to Daviness Community Hospital Foundation. A Student Commitment Agreement is required to be signed by the recipient.

#### **What are the scholarship benefits?**

- An amount of \$5,000.00, granted to each scholarship recipient to assist with successful completion of his/her nursing curriculum.
- Full time Nursing position at DCH focusing on critical shortage areas.

- Individualized nursing orientation and unit orientation with preceptor.
- Post-employment opportunities for specialty certification and ongoing continuing education.
- Opportunity to participate in the DCH Nurse Onboarding.

## 2025 NURSING Scholarship Application

**Instructions:** All applications and attachments must be typed and double-spaced to be considered. The completed application and all attachments may be emailed to the DCH Foundation Office at [asteiner@dchosp.org](mailto:asteiner@dchosp.org) or printed copies with attachments may be mailed to the DCH Foundation Office at P. O. Box 760, Washington, IN 47501. Emailed applications are preferred. Application deadline is Midnight on **Monday, March 17, 2025**. The application must be postmarked or received in the DCH Foundation Office on or before this date to be considered for an award. A confirmation email will be sent upon receipt of the completed application packet. **If you do not receive a confirmation email within one week of your submission, please contact Angie Steiner at [asteiner@dchosp.org](mailto:asteiner@dchosp.org). If you have questions about the application process, please call 812.254.8858.**

**To enter information in text boxes, click View, then Edit Document.**

### PERSONAL INFORMATION:

**Name:**

**Address:**

**City:**

enter text.

**State:** IN

**Zip:** Click here to

**County of Residence:**

**DCH Employee Dependent:**

**Phone:**

**Email:** Click here to enter text.

**Address (if different from above):** Click here to enter text.

**City:** Click here to enter text.

**State:** Click here to enter text.

**Zip:** Click here to enter text.

### EDUCATION:

**High School:**

text.

**Graduation/GED Date:** Click here to enter

**Name of Educational Institution (attending or planning to attend next semester):**

**Address:** Click here to enter text.

**City:** Click here to enter text. **State:** Click here to enter text. **Zip:** Click here to enter text.

**Entering Undergraduate Class of:** Click here to enter text. **Graduate Class:** Click here to enter text.

**Major:** Click here to enter text. **Degree Sought:** Click here to enter text.

**Brief Summary of Career Plans:**

Click here to enter text.

**EMPLOYMENT HISTORY:** Are you currently employed?  Yes  No

If yes, where are you currently employed? Click here to enter text.

Average # of hours worked per week: Click here to enter text.

Previous Employers:

Click here to enter text.

**PLEASE LIST NAME AND CONTACT INFORMATION FOR YOUR CURRENT INSTRUCTOR:**

Click here to enter text.

**I HEREBY REQUEST AND AUTHORIZE THE AFOREMENTIONED INSTRUCTOR TO PROVIDE INFORMATION REQUESTED TO THE DCH FOUNDATION. I UNDERSTAND THAT ALL INFORMATION WILL BE KEPT CONFIDENTIAL AND USED FOR THE SPECIFIC PURPOSE OF THIS APPLICATION PROCESS.**

**(Sign Your Full Name and Student ID:** Click here to enter text.

**OTHER REQUESTED INFORMATION:**

**Please give a summary of your Extra-curricular Activities from high school and college:**

Click here to enter text.

**Please summarize your Volunteer/Community Activities from high school and college:**

Click here to enter text.

**Please list any Honors and/or Awards received from high school and college:**

Click here to enter text.

**Please share what you feel is the greatest issue affecting your field of study and how will you work to address this issue in your future career?**

Click here to enter text.

**Please provide a brief typed essay describing how you were influenced to choose health care as a profession and how you plan to contribute to your local community once achieving your goal. (500 words maximum)**

Click here to enter text.

### **REQUIRED:**

**Transcript:** All applicants currently enrolled or who have previously attended an institution of higher education, submit your most recent college transcript.

Attached as a separate .pdf file     Submitted as a separate attachment.

### **ADDITIONAL:**

Limited scholarship recipients' information and picture may be released to area media outlets and may be used in Daviess Community Hospital and Daviess Community Hospital Foundation promotional literature. Your acceptance of your scholarship award is your consent for DCH and DCH Foundation to use this material.

I voluntarily authorize Daviess Community Hospital (DCH) to make a thorough pre-employment investigation, including a limited criminal history background check for the purpose of qualifying for a DCH Foundation Nursing Scholarship. I understand that I have the right to obtain a copy of that report at my own expense and to challenge any information that I believe to be inaccurate. I hereby authorize former and present employers and others to provide or verify any information they have regarding my employment or me and release them from any liability for furnishing such information to DCH. I understand that scholarship qualification and employment is contingent on satisfactory outcomes of reference and background checks. The information in this document that I have provided is true and complete, and I have met the eligibility requirements of the program as described. False statements on this scholarship application and employment-related documents shall be considered sufficient cause for denial of scholarship qualification. Falsification of information may result in termination of any scholarship granted upon discovery of such falsification. If I receive a DCH Foundation Nursing Scholarship and an offer for employment, I agree to have a medical evaluation and understand that any subsequent employment is contingent upon passing that evaluation. As an employee, I agree to take such future medical evaluation as may be lawfully required by DCH. If I am employed, I understand that I may be required to work weekends, holidays and overtime and hereby agree to do so. I agree to accept a temporary shift or unit change whenever emergency conditions warrant. If employed, I agree to abide by the policies, procedures and rules of DCH and the department to which I am assigned. I further agree to protect the confidentiality and privacy of any information regarding DCH and its patients. I acknowledge that decisions of DCH and its Selection Committee are final. This application and its attachments become the property of DCH. (It is recommended that you keep a copy for your files.)

Daviess Community Hospital Foundation • P. O. Box 760 • 1314 East Walnut Street • Washington, Indiana 47501  
[www.dchosp.org/foundation](http://www.dchosp.org/foundation) • 812.254.8858 • [asteiner@dchosp.org](mailto:asteiner@dchosp.org)

Click here to enter text.

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Applicant's Signature (Electronic Signature Accepted):

Click here to enter text.

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Date: