Carolyn Scott "Spirit of Excellence" Scholarship and Foundation Graduate Scholarship
2019 Award Criteria & Application

1. A scholarship is available to candidates seeking a **Masters or Doctorate** (DNP, PhD or EDD) and will be used for tuition, fees and supplies only.

   a) Carolyn Scott Memorial Scholarship – $7,500 scholarships will be awarded to **eight** individuals in 2019.

   b) Foundation Graduate Scholarships – $5,000 scholarships will be awarded to **four** individuals in 2019.

2. Scholarship recipients will be selected and notified no later than April 13, 2019.

3. Upon submission, all applications **MUST be typed** and include the following:

   a) an outline of the applicant's future educational plan
   b) personal goal
   c) validated registration in an accredited program
   d) three letters of recommendation, including:
      • *One letter from a supervisor*
      • *One letter from a co-worker*
      • *One letter from a former patient*

   *All three letters are required. No exceptions.*

4. Applications must be received in the Foundation Office, **8701 W. Dodge Rd, Suite 450** by Tuesday, February 26 at 3:00 p.m.

   **NOTE:** Applications received after this date will not be accepted as they cannot be processed in time to be reviewed by the Scholarship Committee.

5. Eligibility:

   a) Registered nurses working in Nebraska Methodist Health System a minimum of 12 hours per week for the past two years.

   **NOTE:** Recipient must maintain these hours or forfeit the scholarship.

   b) Continuing interest in Nebraska Methodist Health System and the nursing profession.

   c) Open to any registered nurse employed as a staff nurse or supervisory personnel.

   *continued*
d) Caring qualities including:

1. empathy
2. genuineness
3. sensitivity to patient needs
4. effective communication skills


e) Academic excellence.

f) Leadership potential.

g) Performance record indicating individual as a role model among nurses.

h) Intention to begin use of Scholarship in academic year 2019-2020.

**NOTE:** If you are part of the Nursing Academy you are not eligible to apply.

7. All recipients of scholarships will be asked to indicate (by September of the year in which they are selected) that they are actively enrolled in a graduate educational program **OR**

   forfeit that scholarship to a recipient who was not elected but can proceed with his or her education.

8. All monies are encouraged to be expended within a two year period by scholarship recipients. All recipients must continue to work at least 12 hours while they receive the scholarship.
Carolyn Scott "Spirit of Excellence" Scholarship and Foundation Graduate Scholarship Award Application

Application must be typed. Please use this MSWord document and fill in the form fields.
(The fields will increase in size as needed)

Applicant Name:
Daytime Phone Number: Address:
City: State: Zip:

School(s) Attended: Class of:
Class of:

Degree(s) Attained: Year:

Additional certifications attained: Year:

# of years employed at Nebraska Methodist Health System:

Employment History (please include dates and locations):

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•

School to which application will be made:

The year you expect to graduate:

Degree to be pursued (Include specialty and/or program):
Personal Goal: (Minimum one page typed and on a separate sheet)

Please use this opportunity to tell us about yourself – your path to becoming a nurse, your experience as a nurse to this point, and your future as a nurse. Tell us about what makes you a role model among nurses. Include examples of how you participate in nursing and patient related activities. Describe how you embody the caring qualities (empathy, genuineness, sensitivity to patient needs, effective communication skills) when caring for patients.

Outline your educational plan: (Must be typed on a separate sheet and provide details)

How will this additional education and/or training help Methodist Health System? What do you expect to do with the additional education and/or training that you plan to pursue? How will this degree impact nursing and influence patient care? Include your class schedule and expected completion date. All Spirit of Excellence Scholarships will be for Graduate work, including Nurse Practitioner programs if a Masters degree is a prerequisite.

Applicant Signature: __________________________________________________________

Three letters of recommendation must accompany this application as follows:

1. One from a supervisor: ☐ (Please see following page for letter criteria)
2. One from a co-worker: ☐ (Please see following page for letter criteria)
3. One from a former patient: ☐ (Please see following page for letter criteria)

NOTE: If you are applying for both the Carolyn Scott Spirit of Excellence Award and the Ruth Freed Leadership Scholarship you must submit different recommendation letters as the criteria differs.
Criteria for Recommendation Letters

The following items must be included in the recommendation letters from the supervisor and co-worker in order to be considered.

1. Performance record indicating individual as a role model among nurses:
   a) examples of the applicant’s accomplishments
   b) quality improvement outcomes
   c) staff engagement and satisfaction
   d) work history and performance record
   e) role and responsibilities

2. List committees and organizations the applicant is involved in

3. Leadership potential

4. Caring qualities:
   a) empathy
   b) genuineness
   c) sensitivity to patient needs
   d) effective communication skills

5. Reasons applicant is a strong candidate to receive this scholarship

Patient Letter:

A patient letter is required. If you no longer work directly with patients, please speak to your supervisor or leader for approval and instructions to reach out to a former patient. If that is not possible, please call Elizabeth Borisow at Methodist Hospital Foundation to discuss potential options.
Application Packet Requirements

No application will be considered if the applicant does not include each of the following items. Please submit all materials together.

☐ Complete personal information on first page of application
☐ Personal goal (minimum one page and typed on a separate sheet)
☐ Outline of education (typed on a separate sheet with details)
☐ Provide validated registration in an accredited program (letter from school confirming you have been accepted or a list of your upcoming classes)
☐ Letters of recommendation (must have one of each)
   a) Supervisor (meets criteria for recommendation letters)
   b) Co-worker (meets criteria for recommendation letters)
   c) Patient (meets criteria for recommendation letters)

If you are unable to meet these requirements please contact Elizabeth Borisow at the Foundation at 402-354-4899. Applications must be received in the Foundation Office, 8701 W. Dodge Rd, Suite 450 by Tuesday, February 26 at 3:00 p.m.