

2010 EDWARD J. STIFTEN NURSING SCHOLARSHIP APPLICATION

Application Deadline - June 30, 2010 (Fax to 314-362-0966.)

Mail to: Scholarship Coordinator; BJC Center for LifeLong Learning; BJC Learning Institute, 8300 Eager Road Suite 200, St. Louis, MO 63144

The Edward J. Stiften Scholarship represents one of the many ways BJC HealthCare rewards excellence among its employees while supporting the organization's commitment to deliver high quality patient care.

The Scholarship provides \$5,000 for tuition, fees and books to BJC employees pursuing an ADN, BSN, MSN or other advanced clinical nursing degree. Program participants may utilize tuition reimbursement benefits to cover costs over and beyond this amount, but they may not financially benefit personally from the scholarship award. **Completed applications must be submitted to the applicant's CNE for signature.** Only employee and CNE signed applications will be accepted for scholarship consideration.

Fill out electronically or print. If filled out electronically, name the file with your name and entity.

ELIGIBILITY REQUIREMENTS				
<ul style="list-style-type: none"> • Employed by BJC HealthCare for a minimum of 24 months • Manager's recommendation • Completion of admission application to an approved RN program of study at an accredited educational institution • Chief Nurse Executive (or equivalent) signature • Original, unopened college transcript(s) with college seal (Have college transcript sent directly to Stiften Scholarship coordinator.) 				
SELECTION CRITERIA				
<ul style="list-style-type: none"> • Acceptance into an approved program of study (ADN, RN, BSN, MSN, PhD) • Quality and content of scholarship application • Written recommendation(s) of the employee's manager(s) • Assessment of employee's application by the BJC Stiften Scholarship Selection Team 				
APPLICANT INFORMATION				
Name (Last, First, Middle Initial)				
Maiden Name/Other Names Used		Home Telephone	Work Telephone	
Current Mailing Address (Street)		City		
State, ZIP	Email Address	Hire Date		
Entity	Position	Time in Current Position		
EDUCATION				
IMPORTANT: Please submit an original, official transcript for each appropriate secondary and post-secondary academic institution attended. High School transcripts only required for first-time undergraduate students.				
High School Attended, Location and Graduation Date				
College/University Attended and Location	Dates Attended	Hours	Graduation Date	Degree Earned
College/University Attended and Location	Dates Attended	Hours	Graduation Date	Degree Earned
CURRENT ENROLLMENT				
This section is to be completed and signed by a representative of the nursing program of acceptance.				
Name of Institution		Address		
Name of Contact Person	Title of Contact Person	Telephone ()		
Program Start Date	Projected Graduation Date	Degree Pursuit:		
I certify that the applicant is enrolled and in good standing or has been accepted for enrollment. Additional information deemed necessary will be provided to BJC HealthCare upon request.				
Signature of School Representative		Title		Date

EDWARD J. STIFTEN NURSING SCHOLARSHIP APPLICATION

PERSONAL STATEMENT AND ADDITIONAL INFORMATION	
<p>On the attached page, submit a personal statement describing your commitment to provide healthcare at BJC. This statement is not to exceed one single-spaced typed page. The personal statement should reflect your personal reason(s) for choosing health care as a profession, including your professional goals.</p>	
<p>On the attached page, submit extracurricular, community or healthcare activities. Indicate the scope of each activity and your level of participation. Note: It is important for the selection committee to have this information from all applicants.</p>	
APPLICANT	
<p>I certify the information contained in this application is true, complete and correct to the best of my knowledge and that all funds will be used for tuition expenses and academic fees in the current academic year. I hereby authorize the release of personal, scholastic and financial information related to my educational status from any academic institution I have attended in the past, and any academic institution in which I am enrolled currently or may be enrolled as a student in the future, to BJC HealthCare.</p>	
Signature of Applicant	Date

EDWARD J. STIFTEN NURSING SCHOLARSHIP APPLICATION

Personal Statement Form

Submit a personal statement below describing your commitment to provide health care at BJC. This statement is not to exceed one single-spaced typewritten page. The personal statement should reflect your personal reason(s) for choosing health care as a profession, including your professional goals.

Applicant Signature: _____

EDWARD J. STIFTEN NURSING SCHOLARSHIP PROGRAM

Extracurricular, Community or Health Care Activities Form

List extracurricular, community or health care activities below. Indicate the scope of each activity and your level of participation. Note: It is important for the selection committee to have this information from all applicants.

Applicant Signature: _____

EDWARD J. STIFTEN NURSING SCHOLARSHIP PROGRAM

Manager's Recommendation

(This can be submitted independently of scholarship application.)

I. TO BE COMPLETED BY APPLICANT					
Please complete this form and submit to your manager for their recommendation.					
Applicant Name (Print)				Telephone	
II. EMPLOYEE EVALUATION TO BE COMPLETED BY THE MANAGER					
Manager: Place your initials where this applicant ranks among their workplace peers in clinical skills.			<input type="radio"/> Check here if a corrective action is in effect for this employee		
			How well do you know the applicant? <input type="radio"/> Very well <input type="radio"/> Fairly well <input type="radio"/> Minimally <input type="radio"/> Unknown		
			How long have you known the applicant? _____ years		
Please rate the applicant's achievement and potential by entering an "X" in the appropriate spaces below.					
Skill	Exceptional	Above Average	Average	Below Average	Not Able to Respond
Decision-making ability					
Organizational skills					
Communication skills: Written Oral					
Adaptability to stress					
Positive attitude					
Integrity					
Interpersonal sensitivity					
Leadership ability					
Ability to commit to: A goal					
Persons					
Please offer your recommendation below and provide an explanation in the space provided.					
My recommendation for the Stiften Nursing Scholarship for this applicant is:					
<input type="radio"/> Highly recommend: <input type="radio"/> Recommend: <input type="radio"/> Do not recommend:		Use this space to add your reasons.			
Signature of Manager Making Recommendation				Date	
Printed Name				Title	
Work Telephone Number:					
Signature of Chief Nurse Executive (CNE) (or equivalent for Home Care & Med Group only) REQUIRED					Date

Fax this completed recommendation to: Stiften Scholarship Coordinator, 314-362-0966.