

# **EMPLOYEE SCHOLARSHIP APPLICATION**

## PERSONAL DATA

NAME:			EMPLOYEE ID #:		
ADDRESS:				COUNTY:	
CITY:	STATE:			ZIP:	
HOME PHONE:	CELL PHONE:			DATE OF HIRE:	
EMAIL ADDRESS:					
WORK LOCATION: IMMH IKGH IOFF SITE:					
DEPARTMENT:		JOB TITLE:			
NAME OF COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND:					
ANTICIPATED MAJOR:				🗖 Undergraduate 🗖 Graduate	

### **FINANCIAL QUESTIONS**

WILL YOU BE SEEKING FINANCIAL AID? 🗖 Yes 🗖 No

### SIGNATURES

I do hereby certify that all information provided is correct and to the best of my knowledge. I understand that because I am a Bayhealth employee, Bayhealth has the right to review my employee file before the final scholarship is awarded.

Student's Signature

Date

## **ELIGIBILITY/APPLICATION REQUIREMENTS:**

- A. Employee must have a minimum of two years of employment at Bayhealth.
- B. Must have a "successful" or higher evaluation and no performance-related disciplinary actions (written level or above) within the last year in order to apply.
- C. Two letters of reference one from your manager and one from a peer.
- D. A brief profile of yourself emphasizing occupational goals (1 typewritten page or less).
- E. Copy of the letter of acceptance from your actual academic program of study (the college/university must be accredited and eligible to sit for Delaware licensure/registration).
- F. Academic Transcript:
  - 1. Undergraduate I: High school seniors and college freshmen must submit an official high school transcript including S.A.T. and/or A.C.T. scores. Transcripts must include GPA and GPA scale, i.e., 3.83 out of 4.0 (Minimum acceptable GPA 3.0 or above).
  - 2. Undergraduate II: College undergraduates (sophomores or juniors) must submit official current college transcript.
  - 3. Graduate Students: Must submit both official undergraduate college and graduate school transcripts.

NOTE: All transcripts must be originals, not copies, and must accompany the application in a separate sealed envelope.

### **IMPORTANT DATES:**

Date	Action		
October 1-December 31	Employee/Applicant obtains scholarship booklet containing application form.		
	Application deadline. Applications for each of the scholarships must be		
	postmarked no later than December 31 and sent to:		
	Bayhealth Medical Center		
	Human Resources Department		
	640 South State Street		
	Dover, DE 19901		
October 1-December 31	References completed and returned to HR.		
May 1	Scholarship award recipients and non-recipients will be notified.		
July 1	Stipend checks sent to scholarship award recipients' institutions by the		
	Bayhealth Scholarship Committee		

## **PROGRAM OVERVIEW:**

Bayhealth offers scholarship opportunities to employees interested in pursuing post-secondary education in pursuit of a nursing or allied health profession. The program offers scholarships to pay college tuition and labs for full-time students (student must be enrolled as a full-time student).

Once the scholarship is awarded, students must maintain a "B" average in all course work and complete at least 12 credits per semester for full-time students. Scholarship renewal is based on the same criteria.

Transcript submission criteria required per semester.

# THE FOLLOWING EXAMPLES OF HEALTHCARE COURSES OF STUDY ARE ELIGIBLE FOR CONSIDERATION:

- Registered Nurses BSN/MSN
- Medical Laboratory Technology
- Radiological Technology
- Respiratory Care Technology
- Physical Therapy (Therapists/Assistants)
- Pharmacy (Pharmacist/Pharmacy Tech)
- Surgical Technology
- Diagnostic Medical Sonography Technology
- Nuclear Medicine Technology
- Speech Pathology
- Occupational Therapy (Therapists/Assistants)

## SCHOLARSHIP APPLICATION PROCESS:

Scholarship applications must be completed and received in Human Resources by December 31 each year. Proof of enrollment, two letters of recommendation, transcripts showing name of student, S.A.T. scores (if applicable), and an essay on why the student is entering the specific career field is required and must be submitted with the application.

## **SELECTION:**

Selection of scholarship recipients will be determined annually based on:

- Bayhealth's projected staffing needs
- Letters of Recommendation
- Applicant Essay
- Transcripts
- Letter of Acceptance or proof of present enrollment in an eligible healthcare post-secondary nursing or allied health program
- Service to Bayhealth, community, church or school
- Screening by Bayhealth Scholarship Committee

### WORK REQUIREMENT:

Awardees will sign a Work Agreement and Promissory Note obligating them to work for a specific period of time. In the case of default of work commitment, repayment of scholarship monies will be required.

Must remain a Bayhealth employee.

Upon graduation, in exchange for the scholarship, Bayhealth requires a commitment to work full-time for the same number of years the scholarship was funded. Work commitments are required to commence no later than 30 days after graduation. If Bayhealth does not have an open position for the degree required, you will be placed on a waiting list.

### **PAYMENT INFORMATION:**

Scholarship payments for all programs shall be issued per semester/term based on the educational institution's academic year. Recipients need to provide tuition bills and/or itemized receipts documenting the amounts of scholarship payment being requested, in addition to a copy of grade report from the previous semester.

The scholarship may be discontinued or denied if the employee is in or placed on corrective action.

The scholarship will be discontinued and must be repaid if the student fails to maintain required grades or withdraws from school. Students must also contact Human Resources before changing majors as scholarship and work agreements are based on the original declaration.

Bayhealth may withdraw financial support if the scholarship recipient is placed on academic probation. In accordance with provisions of the Internal Revenue Code, the amount of your loan/scholarship is considered non-taxable income.

# CONTACT:

Human Resources Department Bayhealth Medical Center Phone: (302) 744-7143 Fax: (302) 744-7469 Toll Free Fax: 1-866-866-6442