

CARRIE PESKA MEMORIAL NURSING SCHOLARSHIP

Scholarship Policy/Procedure

POLICY:

The Executive Board of the Carrie Peska Memorial Nursing Scholarship Fund will award monies to those eligible for entering the nursing field to improve job skills and knowledge and to provide opportunities for advancement and increase the professionalism of the nursing field. The Executive Board will determine how many scholarships will be awarded annually.

The scholarship awarded annually will be known as the *Carrie Peska Memorial Nursing Scholarship*. Carrie Peska was the Assistant Director of Nursing for Andover Village Retirement Community and was responsible for encouraging State Tested Nurses Aides to continue their education to become licensed practical nurses. The Executive Committee is proud to name the scholarship after this distinguished individual.

RESPONSIBILITY:

Education Committee Co-Chairpersons, Board of Directors, and Treasurer.

PROCEDURE:

A. Qualification:

1. The scholarship recipient must have worked as a State Tested Nurses Aide for at least 6 months prior to applying **OR** be enrolled in a nursing program.
2. The scholarship recipient must use the money for one of the following purposes:
 - To continue education in the nursing field through course work at a college/university/technical/vocational school.
3. Scholarship recipients will be awarded only once.
4. Scholarship must be used *before* the next annual award.

B. Course and Institution Authorization:

1. The course of study must be related to the nursing field.
2. Courses may be taken at technical/vocational institutions, accredited colleges and universities.
3. Courses may be at the undergraduate to graduate level.

C. Application Process:

1. Any State Tested Nurses Aide **OR** a person enrolled in a nursing program who wants to apply for a scholarship must obtain an application form from any member of the Carrie Peska Memorial Nursing Scholarship Fund or pick up the application from Andover Village Retirement Community.
2. If the scholarship is to be used to continue education at a college/university or technical/vocation school, documentation of course work must be submitted at least two (2) weeks before the start of the class. The scholarship recipient must send a copy of his/her grades, a copy of the school registration receipt, and proof of payment to the Executive Committee Chairperson within three (3) months of receiving the grades. A minimum grade of "B" is required for reimbursement. A passing grade is required for challenge exams or non-graded courses.

Modifications and Exceptions:

The Carrie Peska Memorial Nursing Scholarship Executive Board of Directors reserves the right to unilaterally modify this policy and procedure at any time. An exception must have the approval of the Executive Board. **Compliance with the policy is necessary for participation.**

Application for the Carrie Peska Memorial Nursing Scholarship Fund

Scholarship Criteria:

- Must have current State Tested Nurses Aide certification for a period of at least 6 months. Copy attached to application when mailed in.

OR

- Must be enrolled in a nursing program. Nursing program name must be documented on the application.
 - Scholarship monies must be used for:
 1. Continue education in the nursing field at a college/university/vocational/technical school.
 - If the scholarship is used to continue education at college/university/vocational/technical school, a minimum grade of "B" is required.
 - Scholarship recipient can be awarded only once.
 - Scholarship must be used before the next annual award.
 - Must complete application of the following 2 pages and submitted back to the address on page 1.
 - Must be available for a face-to-face interview at the Executive Board's discretion.
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Application for Carrie Peska Memorial Nursing Scholarship, Page 1

Name: _____

Job Title: _____

Place of Employment: _____

Home Address: _____

Business Address: _____

Home Phone: _____

Business Phone: _____

I wish to use the scholarship for: College/University _____
Vocational/Technical School _____

Name of College/University/School you would like to attend

Application must be postmarked by **July 15, 2016**

Mail application to: Carrie Peska Memorial Nursing Scholarship Fund
ATTN: Kim - Treasurer
5675 Hayes Road
Andover, OH 44003

Application for Carrie Peska Memorial Nursing Scholarship, Page 2

All applicants must complete the following requirements to be eligible for the scholarship.

Nursing: What it means to me. (The applicant must write a synopsis explaining this topic)

[illegible]

Goals/Accomplishments thus far in the nursing career.

(List anything pertinent to what you have achieved thus far to become a nurse)

Nursing Affiliations/Memberships that I am currently a part of.

(List all organizations you are a member of related to nursing)

Volunteer positions I have held. (List any volunteer positions you have held related to any field) _____

I have attached 3 letters of recommendation corroborating why I would be a good candidate for the Carrie Peska Memorial Nursing Scholarship. These letters of recommendations are not related (mother, father, sister, aunt, grandmother, etc.) to me. These letters will be addressed to the Executive Board of the Carrie Peska Memorial Nursing Scholarship and mailed along with this application to the address listed on page 1.

Signature: _____ Date: _____