

# Nurse Betty Scholarship Program



## Program Description | Acknowledgment Form

The *Nurse Betty Scholarship Program* recognizes the many years of dedicated service to Piedmont Medical Center by Betty Jenkins, RN. The program is designed to provide financial assistance to graduating high school seniors who have been accepted into an accredited school of nursing in South Carolina pursuing a Bachelor of Science in Nursing (BSN) degree. In return, recipients commit to work for Piedmont Medical Center as a registered nurse for 24 months upon completion of the BSN degree and licensure.

### Eligibility

High school students in their senior year who have been accepted in an accredited BSN program in South Carolina will be considered using the following criteria:

- High school students on track to graduate in May 2011 with a cumulative GPA of 3.0 or higher and have been accepted into an accredited BSN Program at a college or university in South Carolina
- A U.S. citizen
- A completed application with an official transcript
- A letter of recommendation from a high school teacher
- A statement of intent agreeing to work for Piedmont Medical Center for 24-months upon completion of their BSN degree and licensure
- Flexibility in accepting schedules and assignments available at time of employment

### Selection and Financial Assistance

A selection committee from Piedmont Medical Center will be responsible for screening applicants. The screening will include a review of the materials submitted by the applicants and personal interviews. One applicant per year will be chosen to receive a \$5,000 scholarship that can be renewed annually until graduation, but no longer than four years total.

### Commitment, Terms and Conditions

The financial assistance provided by the *Nurse Betty Scholarship Program* is in the form of a loan. By the terms of the loan, the recipient must fulfill certain educational, licensing and employment commitments in order for the loan to be forgiven by Piedmont Medical Center, which are described below. If the recipient fails to complete any of these commitments, the recipient will be required to repay the loan together with interest at the Applicable Federal Rate (AFR).

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- If the recipient fails to commence full-time employment with Piedmont Medical Center by the agreed-upon date
- If prior to completing the 24-month full-time registered nurse employment obligation, the recipient terminates employment with Piedmont Medical Center, (loan balance pro-rated based on percentage of work commitment that has already been fulfilled)
- If Piedmont Medical Center terminates the recipient because he or she has not satisfactorily met the expectations of the job position
- If the recipient does not enroll in or ceases to attend the educational program described in the application or otherwise fails to complete the educational requirements by the agreed-upon date
- Finally, if the recipient fails to obtain the license necessary to perform his or her employment obligations by the agreed-upon date or fails the licensing exam for a second time

The recipient will be required to repay the loan with interest at the APR within 90 days of the occurrence of any of the events listed above.

**Tax Consequences**

Forgiveness of the loan by Piedmont Medical Center is considered repayment of the loan for taxing purposes and therefore will be treated as income to the employee at the completion of the 24-month work commitment. A W-2 or 1099 form will be provided.

**Tax Timing of Work Commitment**

The timing of the work commitment will be determined by the scholarship recipient and the human resources department of Piedmont Medical Center upon approval of the *Nurse Betty Scholarship Program* application. The 24-month employment obligation will begin when the scholarship recipient has received a professional license and is employed by Piedmont Medical Center as a full-time registered nurse. Therefore, the actual number of months for which the employee is committed could be more than 24 months.

**Acknowledgment**

I have received a description of the terms and conditions of the *Nurse Betty Scholarship Program* and am applying to the program with the understanding that if I am selected, the above described commitments will be required on my part in order to take part in the program.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name \_\_\_\_\_

# Nurse Betty Scholarship Program

## Application Instructions

- **Please read the Program Description.** Do you meet the criteria? Are you willing to make an employment commitment upon receiving your license? If the answer is yes and you are interested in a scholarship opportunity, please sign the acknowledgment statement at the end of the program description.
- **Please complete the Applicant Profile Form and sign.** You may write on the back or add a page if you do not have enough room on the form.
- **Please sign the release statement at the beginning of the Student Recommendation Form.** Have one of your high school teachers complete the instructor's section and have them return the form directly to Piedmont Medical Center at the address provided on the form no later than **May 6, 2011**.
- **Please contact your registrar's office and ask them to send a copy of your transcript to the following address:**  
Piedmont Medical Center  
Attn: Human Resources/Nurse Betty Scholarship Program  
1731 Frank Gaston Boulevard  
Rock Hill, SC 29732
- **Please be sure to tell the registrar's office the application deadline is May 6, 2011 so that the transcript will be sent in time.**

## Checklist

Your application is complete when all of the following steps have been taken:

- Program Description Acknowledgment Form has been signed and returned to the hospital
- Applicant Profile Form has been completed and returned to the hospital
- Student Recommendation Form has been given to your high school teacher to be sent directly to the hospital
- Request made to registrar for transcript to be sent directly to the hospital

Note: All application materials must be postmarked by **May 6, 2011**.



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## Application

### I. Applicant Profile

Applicant Name \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone: \_\_\_\_\_ High School GPA \_\_\_\_\_

*Please type or print legibly; additional pages may be used.*

Why have you chosen to pursue a career as a registered nurse?

What do you consider the keys to success in your goal to become a registered nurse?

Give an example of a time when you succeeded in assisting someone who needed it:

Describe the person you consider a role model for you:

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## II. Recommendation Profile

Have one of your high school teachers complete the Student Recommendation Form provided to you. Be sure to sign the release on the second page so that the teacher can share information with the selection committee.

## III. Transcript

Please contact your high school's records office and request that an official copy of your transcript be submitted to Piedmont Medical Center's human resources department at the address provided below.

## IV. Commitment

Please read the accompanying program description and commitment form. When you are satisfied that you understand the terms and conditions of this agreement, please sign the Commitment Form and return along with this application to:

Piedmont Medical Center  
Attn: Human Resources/Nurse Betty Scholarship Program  
1731 Frank Gaston Boulevard  
Rock Hill, SC 29732

## Application Checklist

- Completed and signed application
- Signed Program Description/Acknowledgment Form
- Request for transcript
- Signed Recommendation Form provided to teacher

## Acknowledgment

The information provided by me in this and all other application documents is to the best of my knowledge true and complete.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name \_\_\_\_\_

# Nurse Betty Scholarship Program

## Student Recommendation Form

Applicant Name \_\_\_\_\_

### Disclosure Authorization (Completed by Applicant)

I hereby authorize Piedmont Medical Center to seek and use information necessary to review and consider my *Nurse Betty Scholarship Program* application, and I authorize the recipient of this recommendation form to release and provide to Piedmont Medical Center and /or its designated representative any and all information it requests to review and consider my application, including but not limited to academic information.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name \_\_\_\_\_

### Recommendation (Completed by High School Instructor)

Instructor Name \_\_\_\_\_ Title \_\_\_\_\_

Education Institution \_\_\_\_\_

Please ensure that the student has authorized release of this information by signing the statement above. After you complete the form with the requested information, please fold and mail the form to the address provided below:

Piedmont Medical Center  
Attn: Human Resources/Nurse Betty Scholarship Program  
1731 Frank Gaston Boulevard  
Rock Hill, SC 29732

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*Check the appropriate box:*

1. How do you know this student?
  - Student
  - Other
2. The applicant's choice of career is ...
  - Appropriate
  - Inappropriate
3. The applicant's record of attendance and punctuality has been ...
  - Much more than acceptable
  - More than acceptable
  - Acceptable
  - Less than acceptable
  - Much less than acceptable
4. The applicant's respect for self and others is ...
  - Much more than acceptable
  - More than acceptable
  - Acceptable
  - Less than acceptable
  - Much less than acceptable
5. The applicant's ability to set realistic and attainable goals is ...
  - Much more than acceptable
  - More than acceptable
  - Acceptable
  - Less than acceptable
  - Much less than acceptable
6. The applicant demonstrates good problem solving skills, follows through and completes tasks ...
  - Well
  - Not so well
7. The applicant is able to seek, find and use learning resources ...
  - Much more than acceptable
  - More than acceptable
  - Acceptable
  - Less than acceptable
  - Much less than acceptable
8. The applicant demonstrates curiosity and initiative ...
  - Much more than acceptable
  - More than acceptable
  - Acceptable
  - Less than acceptable
  - Much less than acceptable

*continued* ►



*Please complete the following:*

Describe the applicant's strengths:

Describe the applicant's professional development needs:

Describe your overall impression of the applicant's temperament in a professional setting:

Appraiser's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Title \_\_\_\_\_ Telephone: \_\_\_\_\_