

# *Donald E. Pizzini Memorial Nurse Scholarship Program*

## **Dear MHCA Scholarship Foundation Applicant:**

We appreciate your interest in the Donald E. Pizzini Memorial Nurse Scholarship Program, which was designed to facilitate the development of an educated long-term care nursing workforce to meet current and future demands. Each year, scholarships up to \$2,500 are awarded to Montana college students, as well as professionals already working in the long-term care field in Montana, interested in pursuing or advancing a career in long term care nursing.

To be considered for a scholarship, you must complete the **Application** and mail or email it to the Scholarship Coordinator for the Scholarship Committee's consideration. Eligibility criteria, application requirements, and scholarship provisions, as well as information for submitting two **Letters of Recommendation** and your **Transcripts** are detailed in the **Program Overview**. Please read that document carefully since the criteria listed therein will be used to award scholarships under this program.

Following are some FAQs about the Donald E. Pizzini Memorial Nurse Scholarship Program:

### **Q. Who is eligible?**

**A.** Eligibility criteria can be found on page 2 of the Program Overview.

### **Q. How do I apply?**

**A.** Follow these six steps to apply:

Step 1: Review the Program Overview carefully. Follow all instructions carefully, as failure to do so may be cause for disqualification.

Step 2: Complete the Application or Renewal Application (whichever applies) fully and legibly, using printing or typing, and be sure to sign it. You may also fill in the Adobe Acrobat version found at [www.mthealthcare.org](http://www.mthealthcare.org), save the form, and print it for submittal. You may also scan the completed form and submit it via email provided there is a signature included (electronic signature is acceptable).

Step 3: Obtain and submit Official Transcripts from the educational institutions listed in your application (high school and college).

Step 4: For an initial Application, obtain proof of acceptance into an accredited or approved college program. If you do not have proof of acceptance into an accredited or approved college program at the time of application, disbursement of any funds awarded will be contingent on receipt of a letter of acceptance from the college.

For a Renewal Application, obtain an official transcript and proof of enrollment from the college you are currently attending.

Step 5: Obtain two completed Letters of Recommendation (not required for renewal application) using the form provided.

Step 6: Submit these items to:

By mail to: MHCA Scholarship Foundation  
36 S. Last Chance Gulch, Suite A  
Helena, MT 59601

OR email to: [admin@rmsmanagement.com](mailto:admin@rmsmanagement.com)

**Q. What is the deadline for submitting applications?**

**A.** Applications must be received at the Scholarship Foundation office by the last day of February of each year. Items postmarked by the last day of February will be accepted. Applications postmarked late or that are incomplete may be disqualified.

**Q. Will I receive a confirmation that my application was received?**

**A.** Applicants will receive an email acknowledgment sent to the applicant's email address listed in the application. Please ensure your email address is correct.

**Q. When will scholarships be awarded?**

**A.** Scholarship will be awarded by the last day of April each year.

**Q. How will I know if I have been selected to receive a scholarship award?**

**A.** All applicants will receive an email advising whether they will receive a scholarship award or not.

**Q. When may I use the funds if I am awarded a scholarship?**

**A.** Scholarship funds may be used during the summer session or during the next school year.

**Q. May I apply again if I am turned down the first time?**

**A.** All applicants, whether they were selected to receive an award or not, are welcome to submit another application for the next year.

**Q. I am entering my first year of college, how will you consider my GPA?**

**A.** Your high school GPA will be considered for first year college students, as noted in the **Program Overview**.

Thank you for your interest in the Donald E. Pizzini Memorial Nurse Scholarship Program. We will look forward to receiving your application, and we wish you success in your studies.

**Montana Health Care Association Scholarship Foundation**

36 S. Last Chance Gulch, Suite A

Helena, MT 59601

Phone (406)443-2876 ext. 101

Website [mthealthcare.org](http://mthealthcare.org)

# *Donald E. Pizzini Memorial Nurse Scholarship Program*

## **Scholarship Program Overview**

### **MHCA Scholarship Foundation**

The Montana Health Care Association (MHCA) Scholarship Foundation, incorporated for educational and charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, was created for the purpose of providing a perpetual scholarship fund through donations and investment income and to award scholarships.

### **Mission Statement**

The MHCA Scholarship Foundation exists to create a perpetual source of financial support for education to sustain a compassionate and skilled nursing work force to meet the current and future demands of the long-term care industry.

### **Scholarship Program Details**

No matter what shape health care takes in the future, there will always be a need for people who provide skilled and compassionate nursing care, especially in long term care. Pursuing a career in nursing will undeniably have its challenges. What shouldn't be a challenge is finding the financial resources to help achieve career goals. To this end, the MHCA Scholarship Foundation has established the Donald E. Pizzini Memorial Nurse Scholarship Program.

This program will provide annual scholarships to individuals interested in pursuing a career in nursing or advancing their nursing career. It will help the students and health care workers of today become the caring nursing professionals of tomorrow and facilitate the development of a nursing workforce to meet Montana's current and future needs.

Each year, one or more scholarships of up to \$2,500 are awarded to college students, as well as professionals already working in the long-term care field, who are interested in pursuing a career in long term care nursing or in advancing their nursing career in a long-term care facility.

This program memorializes Don Pizzini, a former MHCA President. During his many years as administrator of the Cascade County Convalescent Center in Great Falls, and in his work with MHCA, he had a passionate commitment to long term care and the elderly, and to the dedicated caregivers who worked to give residents the quality of life they deserve. These scholarships are awarded in his honor as a dedicated, innovative leader.

## Eligibility Criteria

All applicants must meet the following criteria:

- Must pursue study on a full-time or part-time basis in a nursing program relevant to the long-term care field.
- Applicants shall have maintained a 3.0 GPA or better in their previous studies (high school GPA shall be considered for first year students). The scholarship committee may waive this requirement at their discretion in consideration of work experience and performance records as qualifying criteria for current long term care professionals.
- Attend a college with an accredited nursing program to which the scholarship is granted.
- Pursue a nursing program designed to lead to an appropriate degree or certification, including advance practice nursing if applicable.
- Must be a U.S. citizen or possess a Permanent Resident Visa.
- Must reside in Montana, and plan to work or remain working in long term care nursing in Montana.
- Must be available for a qualifying interview.

## Application Requirements

All applicants must submit the following items. Incomplete applications will not be considered.

- An original scholarship application. Mail the signed original or email an electronic copy (including signature).
  - If you have already received a Donald E. Pizzini Memorial Scholarship, please complete the renewal application.
- Official transcripts from the attended educational institutions (high school and college, if applicable) listed on your application.
- Proof of acceptance into or proof of enrollment in (whichever applies) an accredited college nursing program.
- Two recommendations from individuals familiar with the applicant (such as teachers, mentors, employers) who can discuss the applicant's scholastic potential, personal qualities, and enthusiasm or passion for the long-term care nursing profession. Recommendations from family members will not be accepted.

Letters of recommendation are not required for renewal applications.

## Scholarship Provisions

- The maximum scholarship award shall be \$2,500 and shall be determined by the Scholarship Foundation Board.
- The application deadline is the last day of February of each year for the scholarship is offered, with scholarships being awarded once each year.
- Applicants shall receive a response to their application no more than 60 days following the application deadline.
- Preference shall be given to those individuals currently working in or demonstrating an interest in pursuing a nursing career in long term care. Preference will also be given to those individuals who are working or have worked in an MHCA member facility.
- Scholarship disbursements may only be used by students to pay for tuition, fees, books, supplies and equipment.
- Scholarships awarded in April of each year may only be used for the summer session or during the next school year.
- Scholarships shall be paid directly to the educational institution.
- Proof of enrollment into an accredited or approved nursing program must be provided by a scholarship recipient prior to funds being disbursed.
- Disbursements may be divided in equal sums payable during two or more logical educational divisions (such as quarters, semesters, modules). A scholarship recipient must submit proof of continued participation in their original nursing program, or another nursing program as approved by the scholarship committee, prior to receiving subsequent disbursements after the first.
- The scholarship committee may withhold or cancel any disbursements after the first for a failure to maintain a 3.0 GPA or better in previous studies.
- Scholarship recipients may reapply for further consideration after their original scholarship has expired. Use the renewal application form to reapply.
- Acceptance of the scholarship constitutes permission for the MHCA Scholarship Foundation to use the recipients' names, biographical information, and pictures for publicity purposes.

*For more information, contact:*

**Montana Health Care Association Scholarship Foundation**

36 S. Last Chance Gulch, Suite A • Helena, MT 5960

Phone (406)443-2876 ext. 101

Email [admin@rmsmanagement.com](mailto:admin@rmsmanagement.com)

Website: [www.mthealthcare.org](http://www.mthealthcare.org)

# *Donald E. Pizzini Memorial Nurse Scholarship Program*

## **Instructions for NEW Scholarship Applicants**

**Please submit the following items in one package. Follow instructions carefully, as failure to do so may be cause for disqualification.**

1. This original application filled out **completely and accurately** – **please type or print and be sure to sign it.** You may also fill in the Adobe Acrobat fillable application found at [www.mthealthcare.org](http://www.mthealthcare.org) and then print it for mail or email submission.

*Note: You will only be able to save and continue editing the fillable pdf form if you have Adobe Acrobat software. Otherwise, please plan to give yourself time to complete the Application at one sitting.*

All correspondence from the MHCA Scholarship Foundation regarding your application will be directed to the email address provided in the Application so please ensure it is correct.

You can either mail the original OR scan and submit an electronic version via email. A signature must be included in either case.

2. An official transcript of your high school grades which includes class rank.
3. An official transcript of any college education you have attended or completed.
4. Proof of acceptance from an accredited institution of higher education. If you do not have proof of acceptance at the time of application, disbursement of any funds awarded will be contingent on receipt of a letter of acceptance from the college or university.
5. Two letters of recommendation. *Letters may alternatively be sent directly to the Foundation, but this application will not be considered complete until the recommendation letters are received in the MHCA office.*
6. You may include any additional information that you feel will be helpful to the committee in the evaluation of your application.

**Mail all application materials to**  
MHCA Scholarship Foundation  
36 S. Last Chance Gulch, Suite A  
Helena, MT 59601

~ OR ~

**Email all applications materials to:**  
[admin@rmsmanagement.com](mailto:admin@rmsmanagement.com)

**Direct any questions or comments to:** Scholarship Coordinator  
(406)443-2876 ext. 101  
[admin@rmsmanagement.com](mailto:admin@rmsmanagement.com)

# *Donald E. Pizzini Memorial Nurse Scholarship Program*

*Montana Health Care Association Scholarship Foundation • Helena, Montana*

## **APPLICATION FOR SCHOLARSHIP**

<b>Nursing Field of Interest</b>		<b>Date</b>	
<b>Applicant's Name</b>		<b>Phone</b>	
<b>Mailing Address</b>		<b>City/State/Zip</b>	
<b>Email Address</b>			
<b>U.S. Citizen</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Eligible Non-Citizen #</b> (Provide copy of card)	

### **EDUCATION, ACTIVITIES, AWARDS:**

#### HIGH SCHOOL

<b>Name/City/State</b>	<b>GPA</b>	<b>Date of Graduation</b>

#### DEGREE(S) HELD (if applicable)

<b>College (include name/city/state)</b>	<b>GPA</b>	<b>Date of Graduation</b>	<b>Degree Earned/ Major Field of Study</b>

#### CURRENT STUDENT STATUS:

Part Time      Degree Sought \_\_\_\_\_  
 Full Time      Anticipated Graduation Date \_\_\_\_\_

#### Post secondary education (present college students only):

<b>Name of School/City/State</b>	<b>GPA</b>	<b>Years Attended (From/To)</b>	<b>Major</b>

List your participation in significant extracurricular, community & personal activities (attach additional pages).

Activity	Office(s) Held	Dates of Participation

Note any honors or awards you have received for scholastic and other achievements.

Award	Date Achieved

***EMPLOYMENT HISTORY***

List employment (full and part time), volunteer activities (list number of hours volunteered), and internships.

Employer	City/State	Job Title	From/To

Why have you chosen to enter your major field of study? What are your career goals? (250 words or less).

**FINANCIAL DATA**

Estimate your educational expenses per year \$ \_\_\_\_\_ For how many years? \_\_\_\_\_  
(Include tuition, fees, books, supplies, equipment)

Are you now seeking or have you ever received any other financial assistance (scholarship grants, aids, etc.)? If so, please list:


Please include any information about your financial situation that you feel would assist us in evaluating your application:

**RECOMMENDATIONS**

Two recommendations are required from individuals who are familiar with you, such as teachers, mentors, or employers. Recommenders must be able to discuss your scholastic potential, personal qualities, and enthusiasm or passion for the nursing profession. Recommendations from family members will not be accepted. Recommendations may be sent with your application or mailed directly to the Foundation.

Recommenders shall send their recommendation form in a sealed envelope with their signature across the sealed flap to ensure confidentiality of their statements.

*Applications without two letters of recommendation are considered incomplete and will not be reviewed for awards.*

**AGREEMENTS / SIGNATURE**

I certify that the above information is complete, true, and correct to the best of my knowledge. If asked, I agree to provide substantiation of the information that I have given on this application. I have read all scholarship conditions as provided and agree to abide by such. If I typed an electronic signature on this document, I acknowledge my electronic signature may be considered as an original.

*Applicant's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Equal Opportunity: MHCA Scholarship Foundation awards scholarships without regard to race, color, religion, sex, national origin, age, disability, or any other characteristic protected by law.*

# Donald E. Pizzini Memorial Nurse Scholarship Program

## Montana Health Care Association Scholarship Foundation

36 S. Last Chance Gulch, Suite A • Helena, Montana 59601

Phone: (406)443-2876 ext. 101 • Fax: (406)443-4614

Email: [admin@rmsmanagement.com](mailto:admin@rmsmanagement.com)

## RECOMMENDATION FORM

### To the Recommender:

The Donald E. Pizzini Memorial Nurse Scholarship Program is designed to facilitate the development of a nursing workforce to meet current and future demands of the long term care industry.

Scholarships of up to \$2,500 will be awarded to students who best exhibit the following attributes:

- a) Academic achievement
- b) Health care and/or long term care involvement\*
- c) Enthusiasm or passion for a career in nursing\*

\*Preference will be given to those with a demonstrated interest in geriatric/long term care nursing.

Applicants are required to submit two confidential letters of recommendation from individuals familiar with the applicant, such as teachers, mentors, or employers who can discuss the applicant's scholastic potential, personal qualities, and enthusiasm or passion for the nursing profession. Recommendations from family members of the applicant will not be accepted.

Please complete this form, keeping in mind this applicant's qualification for the scholarship based on the three qualities mentioned above.

If returning a hard copy, please place your recommendation in an envelope and sign your name across the sealed envelope flap and return the completed recommendation form either to the applicant or mail it directly to MHCA Scholarship Foundation, 36 S. Last Chance Gulch, Suite A, Helena, MT 59601. You may also email to a saved electronic version of this fillable pdf to [admin@rmsmanagement.com](mailto:admin@rmsmanagement.com).

We appreciate your taking the time to complete this recommendation on behalf of the applicant.

Applicant Name

Recommender's Name

Title

Relationship to the Applicant

Recommender's Phone Number

Email Address

How long and in what capacity have you known the applicant?

Why should the applicant be considered for this scholarship?

How has the applicant shown an interest in health care, long term care and/or nursing?

What qualities does the applicant have which indicate an ability to succeed in the nursing field?

Other information about the applicant that you feel may be pertinent to this application:

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***Recommender's Signature***

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***Date***