

Donald E. Pizzini Memorial Nurse Scholarship Program

Montana Health Care Association Scholarship Foundation

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

Telephone 406 443 2876 • Facsimile 406 443 4614

Email - rosehughes@rmsmanagement.com

Dear MHCA Scholarship Foundation Applicant:

We would like to express our appreciation for your interest in the Donald E. Pizzini Memorial Nurse Scholarship Program. This program is designed to facilitate the development of an educated long-term care nursing workforce to meet current and future demands. Each year, scholarships of up to \$1,000 will be awarded to college students from Montana, as well as professionals who are already working in the long term care field in Montana who are interested in pursuing a career in nursing or advancing in their nursing career.

Enclosed for your use are the following documents related to the Donald E. Pizzini Memorial Nurse Scholarship Program:

1. Program Overview;
2. Scholarship Application and Instructions or Application and Instructions for Renewal of Scholarship (whichever is appropriate); and
3. Two copies of the Recommendation Form (not required for renewal application).

In order to be considered for a scholarship, you must complete an *Application* and return it to the Scholarship Committee. Eligibility criteria, application requirements, and scholarship provisions are listed on the *Program Overview*. Please read this document carefully, since these criteria will be used to judge your suitability for a scholarship under this program.

Following are some frequently asked questions 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 application found at www.mthealthcare.org, save the form, and print it out for submittal. You may also scan the completed form and submit it via email as long as there is a signature included.

Step 3: Obtain official transcripts from educational institutions listed in your application.

Step 4: For an original *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 letters of recommendation (not required for renewal application).

Step 6: Submit all of these items to:

MHCA Scholarship Foundation
36 S. Last Chance Gulch, Suite A
Helena, MT 59601

Email: rosehughes@rmsmanagement.com

Q. What is the deadline for submitting applications?

A. All applications must be received at the program office by the last day of February of the current year. Mailed items postmarked by the last day of February will be accepted. Applications that arrive late or incomplete may be disqualified.

Q. Will I receive a confirmation that the program office has received my application?

A. Each applicant will receive an acknowledgment letter mailed to the applicant's listed address.

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 a letter letting them know if they were selected to receive an award.

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. The *Program Overview* makes note that the high school GPA will be considered for first year college students.

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

MHCA Scholarship Foundation Committee

Donald E. Pizzini Memorial Nurse Scholarship Program

Montana Health Care Association Scholarship Foundation
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Telephone 406 443 2876 • Facsimile 406 443 4614

Program Overview

MHCA Scholarship Foundation

The MHCA Scholarship Foundation is incorporated for educational and charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code. Its purpose is to create 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 long term care.”

Donald E. Pizzini Memorial Nurse Scholarship Program - Overview

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 the long term care arena. 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 Montana Health Care Association (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 in their nursing career - with an emphasis on long term care. 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 we award one or more scholarships of up to \$1000 to college students from our service area, as well as professionals who are already working in the long-term care field who are interested in pursuing a career in nursing or in advancing in their nursing career.

This program memorializes Don Pizzini, a former President of MHCA. In 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 care givers who worked to give them the quality of life they deserve. These scholarships are awarded in honor of this 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.
- Academic excellence. 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 accredited in the field of nursing for which the scholarship is granted, including advance practice nursing if applicable.
- Pursue a nursing program designed to lead to an appropriate degree or certification.
- Must be a U.S. citizen or possess a Permanent Resident Visa.
- Must reside in Montana and plan to work, or remain working, in the long term care nursing field in Montana.
- Must be available for a qualifying interview.

Application Requirements

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

- The original scholarship application. If you have already received a Donald E. Pizzini Memorial Scholarship, please complete the renewal application. Copies shall not be accepted.
- Official transcripts from the attended educational institutions listed in your application.
- Proof of acceptance into or proof of enrollment in (whichever applies) an accredited or approved program from your higher education school or college.
- Two recommendations 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 will not be accepted. (Not required for renewal application.)

Scholarship Provisions

- The maximum scholarship award shall be \$1,000 and shall be determined by the scholarship foundation board.
- The application deadline is the last day of February of each year 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 career in long term care. Preference will also be given to those individuals who 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 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, etc. 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 59601

Telephone: 406 443 2876 • Fax: 406 443 4614

Website: www.mthealthcare.org

October 2013

Donald E. Pizzini Memorial
Nurse Scholarship Program

Montana Health Care Association Scholarship Foundation • Helena, Montana

Scholarship Application
and
Instructions

For more information, contact:
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Donald E. Pizzini Memorial Nurse Scholarship Program

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APPLICATION

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

EDUCATION, ACTIVITIES, AWARDS:

HIGH SCHOOL

Name/City/State	GPA	Date of Graduation

DEGREE(S) HELD (if applicable)

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

CURRENT STUDENT STATUS:

Part Time Degree Sought _____
 Full Time Anticipated Graduation Date _____

Post secondary education (present college students only):

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

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.

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.

Application Instructions

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 application found at www.mthealthcare.org and print it out for submittal. *Note: You will not be able to save this form, so give yourself time to complete it in one sitting.* You may also scan the completed form and submit it via email as long as there is a signature included.
2. An official transcript of your high school grades which includes class rank.
3. An official transcript of any college education completed thus far.
4. Proof of acceptance into an accredited or approved program by your higher education school or college. 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.
5. Two letters of recommendation. *Letters may alternatively be sent directly to the Foundation, but this application will not be considered complete until the letters of recommendation arrive.*
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

Direct any questions or comments to:

Rose M. Hughes, Foundation Coordinator
Phone (406) 443-2876
FAX (406) 443-4614
rosehughes@rmsmanagement.com

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RECOMMENDATION FORM

To the Recommender: The Donald E. Pizzini Memorial Nursing Scholarship Program is designed to facilitate the development of a nursing workforce to meet current and future demands, particularly in long term care. Scholarships of up to \$1,000 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. Please place your recommendation in an envelope and sign your name across the sealed envelope flap. Then return the completed recommendation form either to the applicant or send it directly to MHCA Scholarship Foundation, 36 South Last Chance Gulch, Suite A, Helena, MT 59601.

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

Recommender's Name _____ Title _____

Applicant's Name _____

Relationship to the Applicant _____

Recommender's Telephone Number _____

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:

Recommender's Signature

October 2013

Date