



Shodair Children's Hospital Nursing Scholarship

Shodair Children's Hospital has made it their mission to provide care and treatment to children suffering from illness, disease, and other physical, mental, and emotional conditions that impair their health and well-being. The purpose of this scholarship is to support nursing careers in mental health fields. One scholarship in the amount of **\$500** will be made available annually by Shodair to nursing students at Helena College who have an interest in mental health careers.

Deadline: May 12th, 2023

Eligibility Criteria:

1. Minimum 3.00 GPA;
2. In good academic standing;
3. Enrolled full-time in Practical Nursing or the Registered Nursing Programs.

Selection Decision:

The Helena College Scholarship Committee will review applications and select a recipient. The recipient's information will be shared with the Shodair staff. Each scholarship recipient will write an acknowledgement letter (thank you) to the donor.

Application Procedure & Criteria:

1. Complete the Shodair Children's Hospital Nursing Scholarship application form and return it to the Financial Aid Office on or before the deadline.
2. Complete a 1-2 page essay explaining educational and future career goals and discuss any interaction in mental health.
3. Attach two (2) completed reference forms (one academic), letters of recommendation may be attached, but are optional.
4. Submit an unofficial transcript of grades.



Scholarship Application Form

Applicant Name _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Telephone Number _____

Program of Study _____

References:

List the names of two (2) individuals who will write recommendations to accompany this application.
Attach these recommendations to this form in a sealed envelope.

Name _____ Phone _____

Name _____ Phone _____

Application Checklist

- Completed application form
- 1-2 page essay of educational and career goals, and interaction in mental health
- Two Reference Forms (one academic)
- Unofficial transcript

The scholarship committee/Helena College may submit a notice of the award to the local newspaper or use the award information in public relations documents. The award information may include your name, program and dollar amount awarded. By signing this form you acknowledge and agree that this information may be disclosed.

Signature _____ **Date** _____

Submit completed application and material to Helena College Financial Aid Office at 1115 North Roberts Street, Helena, MT 59601.

The deadline for the 2023-2024 Shodair Children's Hospital Nursing Scholarship is May 12th, 2023.



Scholarship Reference Form 1 for Shodair Children’s Hospital Nursing Scholarship

SECTION I: To Be Completed by the Applicant

Name _____

Under the Family Rights and Privacy Act of 1974, students enrolled at Helena College University of Montana have access to their educational records, including letters of recommendation. However, students may waive their right to see letters of recommendation, and therefore, the letters will be held in confidence. I waive the right to review the reference form.

Student Signature _____ **Date** _____

SECTION II: To Be Completed By Evaluator

The above named individual is applying for a scholarship through Helena College University of Montana. Please rank the applicant in the categories below by placing an X in the appropriate box. Please return the form as soon as possible to the Financial Aid Office. If an applicant has not signed the waiver above, he or she may request to see the letters of recommendation after the scholarship decision has been made.

	Excellent	Good	Satisfactory	Below Average	Poor	Not Applicable
Ability to Learn						
Integrity						
Leadership Ability						
Perseverance Toward Goals						
Team Member						
Attitude						
Initiative						
Motivation						
Communication Skills						
Organization/Time Management						
Responsibility						
Self-Discipline						

Please use your personal knowledge of the applicant to respond to the following questions:

- 1. How long have you known the candidate, and in what capacity (employer, school instructor, etc.)**

2. Please tell us what you believe to be the applicant's particular strengths in his/her personal, educational or professional life. If you can, give examples of particular accomplishments.

3. What is your knowledge of the applicant's educational goals and his/her progress toward achieving these goals?

4. Is there any additional information we should know about this applicant in regard to this scholarship award?

What is your overall recommendation?

Recommend with Confidence Recommend Recommend with Reservations Do Not Recommend

I may have concerns about this student. Please contact me.

Yes No

Preferred contact method: Phone Email

Evaluator's Name _____

Organization/Institution/Department _____

Title _____

Address _____

Phone Number _____ **Email** _____

Signature of Evaluator _____ **Date** _____



Scholarship Reference Form 2 for Shodair Children’s Hospital Nursing Scholarship

SECTION I: To Be Completed by the Applicant

Name _____

Under the Family Rights and Privacy Act of 1974, students enrolled at Helena College University of Montana have access to their educational records, including letters of recommendation. However, students may waive their right to see letters of recommendation, and therefore, the letters will be held in confidence. I waive the right to review the reference form.

Student Signature _____ Date _____

SECTION II: To Be Completed By Evaluator

The above named individual is applying for a scholarship through Helena College University of Montana. Please rank the applicant in the categories below by placing an X in the appropriate box. Please return the form as soon as possible to the Financial Aid Office. If an applicant has not signed the waiver above, he or she may request to see the letters of recommendation after the scholarship decision has been made.

	Excellent	Good	Satisfactory	Below Average	Poor	Not Applicable
Ability to Learn						
Integrity						
Leadership Ability						
Perseverance Toward Goals						
Team Member						
Attitude						
Initiative						
Motivation						
Communication Skills						
Organization/Time Management						
Responsibility						
Self-Discipline						

Please use your personal knowledge of the applicant to respond to the following questions:

1. How long have you known the candidate, and in what capacity (employer, school instructor, etc.)

2. Please tell us what you believe to be the applicant's particular strengths in his/her personal, educational or professional life. If you can, give examples of particular accomplishments.

3. What is your knowledge of the applicant's educational goals and his/her progress toward achieving these goals?

4. Is there any additional information we should know about this applicant in regard to this scholarship award?

What is your overall recommendation?

Recommend with Confidence Recommend Recommend with Reservations Do Not Recommend

I may have concerns about this student. Please contact me.

Yes No

Preferred contact method: Phone Email

Evaluator's Name _____

Organization/Institution/Department _____

Title _____

Address _____

Phone Number _____ **Email** _____

Signature of Evaluator _____ **Date** _____