

Purpose of The Dunham Fund Nursing Scholars Grant Program

The purpose of The Dunham Nursing Scholars grant funded education program - *Advancing Nursing in Aurora, hereinafter called the Nursing Scholarship Program*, is to offer 121 merit-based scholarships to highly motivated students and nurses whose primary residence or place of employment is in the greater Aurora area* to pursue and achieve their academic and professional goals in healthcare. The Nursing Scholarship Program provides two-year scholarships to qualified individuals pursuing an associate degree in nursing, a baccalaureate in nursing, or a graduate degree in nursing at Waubensee Community College or Aurora University.

One of the educational goals of the Nursing Scholarship Program is to develop the critical thinking skills of nurses and enhance their ability to identify patient needs to prevent complications and provide high-quality outcomes in diverse healthcare environments.

Eligibility Criteria for the Nursing Scholarship Program

A Nursing Scholarship Program applicant must be:

1. A resident of the greater Aurora area as defined by the Dunham Fund (see definition of geographic area in Appendix A) for one (1) year prior to application, and be a citizen or lawful permanent resident alien of the United States; and/or employed by a greater Aurora area employer, as defined in Appendix A, for a period of one (1) year prior to application in a full-time or part-time capacity. Part-time employment status is defined as a minimum of 20 hours per week.

A scholarship applicant must also be able to demonstrate a satisfactory employment record and submit his/her most recent performance evaluation. If a scholarship applicant is not currently employed, a performance evaluation from the last employer is acceptable.

2. Enrolled in or accepted/registered for admission in a nursing education program at Waubensee Community College or Aurora University.
3. Must have 50% or more of a nursing education program to complete.
4. Must be willing to work in the greater Aurora area, as defined in Appendix A, for **two (2) years (full-time) or 4,000** hours following graduation.
5. Must be willing to participate in a Dunham Scholars volunteer healthcare project that benefits the greater Aurora area community, as defined in Appendix A, during the two-year scholarship program.
6. Must not be in default of any educational loan.

* See Appendix A

Nursing Scholarship Program Application

To be considered for selection, an applicant must:

1. Submit a completed, signed, and dated application form by **November 20, 2009**.
2. Include a current copy of an official transcript or other current official school form that indicates a cumulative grade point average (GPA).
3. Provide a Professional Reference on Recommendation Form.
4. Provide a copy of a recent performance evaluation from a current employer as outlined in Eligibility, item 2.
5. Include an updated resume.
6. If licensed, include a copy of his/her Illinois registered professional nurse license or other specialty certification.

Distribution of the Nursing Scholarship Program Awards 2009 – 2010 Academic Year

Scholarship awards will be distributed as follows:

Waubonsee Community College and Aurora University each have a predetermined number of scholarships that will be awarded for an associate degree in nursing, a baccalaureate degree in nursing, and a graduate degree in nursing.

1. **20** Dunham Nursing Scholarships will be awarded to eligible students seeking an associate degree in nursing from Waubonsee Community College.
2. **11** Dunham Nursing Scholarships will be awarded to eligible students seeking a baccalaureate degree in nursing from Aurora University.
3. **20** Dunham Nursing Scholarships will be awarded to eligible Registered Nurses seeking a baccalaureate degree in nursing from Aurora University.
4. **11** Dunham Nursing Scholarships will be awarded to eligible students seeking a graduate degree in nursing from Aurora University.

NOTE 1: Once a student is accepted into the Nursing Scholarship Program, he/she is not required to reapply for the scholarship for the following year as long as he/she remains in good academic standing. However, a student seeking to continue his/her education at a higher level will be required to submit a new application to the program.

NOTE 2: The Nursing Scholarship Program will not fund 100% of a student's nursing education tuition. Students who need further financial assistance are encouraged to seek guidance from Financial Aid Officers at either academic institution.

Waubonsee Community College Office of Financial Aid at 630-466-7900 ext. 5774.

Aurora University Office of Financial Aid at 630-844-6190 or via email finaid@aurora.edu.

The Nursing Scholarship Program Selection Criteria

Awards to applicants of The Nursing Scholarship Program will be made using the following criteria:

- Eligible students/nurses demonstrating the highest cumulative grade point average, as documented on an official transcript or other official school form.
- Eligible students/nurses employed in a healthcare facility, in a patient care or other role associated with nursing;
- Eligible students/nurses fluent in Spanish;
- Eligible students/nurses whose professional reference letter reflects a potential for a high degree of success within the nursing profession;

Scholarship applicants should be prepared to meet with members of the selection Review Committee for a personal interview.

The Nursing Scholarship Program Awards

1. A scholarship recipient seeking an associate degree in nursing at Waubensee Community College may receive up to 90% of the program costs. This includes tuition and laboratory fees. No other costs or fees are included in the scholarship award.
2. A scholarship recipient seeking a baccalaureate degree, baccalaureate completion, or a graduate degree in nursing may receive up to 75% of the program costs. This includes tuition and laboratory fees. No other costs or fees are included in the scholarship award.

The Dunham Nursing Scholarship may be combined with any other scholarships, tuition reimbursement, grants, student loans, or other financial instruments that are available through the Financial Aid Office at his/her academic institution.

The Nursing Scholarship Program Agreement with Rush-Copley Foundation

Prior to receiving funding for an academic year, the nursing scholarship recipient will be required to sign a contract with Rush-Copley Foundation agreeing to work, or seek employment, as a registered professional nurse for a maximum of 4,000 hours in the greater Aurora area as, defined in Appendix A.

The Nursing Scholarship Program Student Obligation

Upon graduation from Waubensee Community College or Aurora University, and licensure by the State of Illinois, a scholarship recipient is required to be employed in a full-time healthcare capacity for a period of two (2) years (full-time) or 4000 hours in the greater Aurora area, as defined in Appendix A. Employment is expected to begin within three months of graduation, or licensure, if a new graduate, in order to fulfill the scholarship obligation.

Student Financial Obligation to Rush-Copley Foundation

A scholarship recipient who fails to satisfy the nursing employment obligation, as stated in the Agreement, is considered to be in default. The student is required to repay the full amount of scholarship funds advanced to him/her by Rush-Copley Foundation. Conditions of exception are detailed in the Agreement.

Scholarship recipients who drop out of the nursing program will repay Rush-Copley Foundation the scholarship funds advanced to him/her. Conditions of exception are detailed in the Agreement.

Repayment of scholarship funds must begin within six (6) months following the date of the default and must be paid in full within three (3) years. Failure to repay funds owed in accordance with the Agreement will result in the Recipient being referred to a collection agency.

Deferment of Nursing Scholarship Program Employment Obligation

The nursing employment obligation may be deferred, or waived, by review of a written statement from the recipient to Rush-Copley Foundation when failure to fulfill the nursing employment obligation results from:

1. Total and permanent disability with a statement by a licensed physician,
2. Military Service. A recipient must notify Rush-Copley Foundation and the Scholarship Review Committee within 30 days if he/she spends up to four years in military service, before or after graduation, and before completion of the nursing employment obligation.
3. An inability to secure employment due to a lack of open positions at a minimum of three (3) Aurora area healthcare employers. Letters from Human Resource Directors at three (3) facilities must be presented to Rush-Copley Foundation and the Selection Review Committee at six (6)-month intervals for a period of three (3) years.

Any request for deferment of the nursing employment obligation must be made to Rush-Copley Foundation and the Selection Review Committee in writing and must be re-evaluated every six (6) months that the scholarship recipient remains unemployed in the greater Aurora area, as defined in Appendix A.

The Selection Review Committee may review and make employment referrals to a scholarship recipient for open positions at qualified Aurora area employers to which the recipient has not submitted an application. The scholarship recipient must submit an application and provide the results of interviews to the Committee.

The Nursing Scholarship Program - General Information

Due Date: Applications must be postmarked by **November 20, 2009**. The Selection Review Committee will review only complete applications.

Scholarship: The Nursing Scholarship Program covers tuition and lab fees within a nursing curriculum at Waubonsee Community College or Aurora University. The scholarship may not be used to pay for the tuition for pre-requisite or co-requisite coursework.

Ineligibility: Applicants who are determined to be in default of other educational loans from other sources are ineligible to receive the Nursing Scholarship Program award.

Social Security Number: Applicants are not required to disclose their Social Security number on the application form; however, if selected into the Nursing Scholarship Program, a Social Security Number is required.

Changes to Applicant's Information: It is the applicant's responsibility to notify Clinical Educators and Rush-Copley Foundation, in writing, if any information on their application changes.

Nursing Scholarship Program Volunteer Project: Scholars must agree to participate in the Nursing Scholarship Program Volunteer Community Service Project for the greater Aurora area, as defined in Appendix A, as a condition of accepting the scholarship.

Academic, Applications, and Letters of References questions may be directed to: Waubonsee Community College:

Jess Toussaint, Ed. D., Dean for Health and Life Sciences
Rt 47 and Waubonsee Dr., Science Building, Suite 214, Sugar Grove, IL 60554
Phone: 630-466-2467
Email: jtoussaint@waubonsee.edu

Aurora University:

Carmella Moran, Ph.D. R.N., Director, School of Nursing
347 S. Gladstone Ave., Aurora, IL 60506
Phone: 630-844-5132
Email: cmoran@aurora.edu

Financial Questions should be directed to:

Rush-Copley Foundation

Barbara A. Graham, Executive Director
2000 Ogden Avenue
Aurora, IL 60504
630-978-4946
Email: bgraham@rsh.net

In which nursing program will you be enrolled during academic year 2009-2010?

- Associate degree program
- Baccalaureate degree program
- Baccalaureate degree completion program
- Graduate degree in nursing program

Anticipated date of graduation with your nursing degree _____
(Month) (Year)

Name of nursing school where you will be enrolled _____

During the upcoming academic year, I plan to enroll:

- Full-time (12 credit hours or more per semester) (pre-licensure, associate's degree)
- Part-time (4 – 11 credit hours per semester) (BSN completion, MSN)

Have you had prior nursing education? Yes _____ No _____

If yes, what type?

- Associate degree in nursing
- Diploma degree in nursing
- Baccalaureate degree in nursing
- LPN
- CNA

Do you have a current Illinois nurse license?

Yes No

If yes: Registered professional nurse license _____
Practical nurse license _____

I have included a copy of my license.

Yes No

Do you have any specialty certification in a particular area of nursing practice?

Yes No

I have included a copy of this certification(s).

Yes No

Language fluency other than English:

Language: _____

Language: _____

SOCIAL SECURITY STATEMENT

As a recipient of The Dunham Nursing Scholarship, I hereby authorize signature below permission for the nursing school at Waubensee Community College or Aurora University to provide Rush-Copley Foundation with my social security number.

Applicant signature

Date

RELEASE/CERTIFICATION STATEMENT

I hereby agree that Rush-Copley Foundation and members of The Dunham Nursing Scholarship Review Committee may verify any and all statements in this application and future nursing employment documentation that may be relevant to the discharge of the scholarship obligation. I grant permission to any and all persons and institutions to release all information requested by Rush-Copley Foundation the Dunham Nursing Scholarship Review Committee. I certify that I am not presently in default on payments for any previously received state, federal, or other educational funds. I also hereby certify that the information submitted in this application is a true record. Misstatements on this application may result in loss of any scholarship and immediate repayment of funds received.

Applicant's Signature

Date

**** IMPORTANT ****

To be considered in the selection process, an applicant must submit the following items via US Mail to the appropriate nursing program director listed below:

1. Submit a **complete application** that has all questions answered, is signed and dated. Application must be post marked no later than **November 20, 2009**.
2. Include a current copy of an official transcript or other current official school form that indicates a cumulative grade point average (GPA).
3. Request a **professional reference** to complete and submit on the attached Recommendation Form to the school director/dean where you plan to attend no later than **November 20, 2009**.
4. Complete the **Recipient Agreement** indicating your commitment to work in the greater Aurora community as a registered nurse for two (2) years full-time or 4,000 hours.
5. Submit a copy of the most recent performance evaluation from a current employer. If not currently employed, an evaluation from your last employer is acceptable.
6. Submit a current resume reflecting work experiences.
7. Submit copies of any nursing license or specialty certifications.

Please submit all documents via U.S. Mail to:

Waubonsee Community College:

Jess Toussaint, Ed. D., Dean for Health and Life Sciences

Rt 47 and Waubonsee Dr., Science Building, Suite 214, Sugar Grove, IL 60554

Phone: 630-466-2467

Email: jtoussaint@waubonsee.edu

Aurora University:

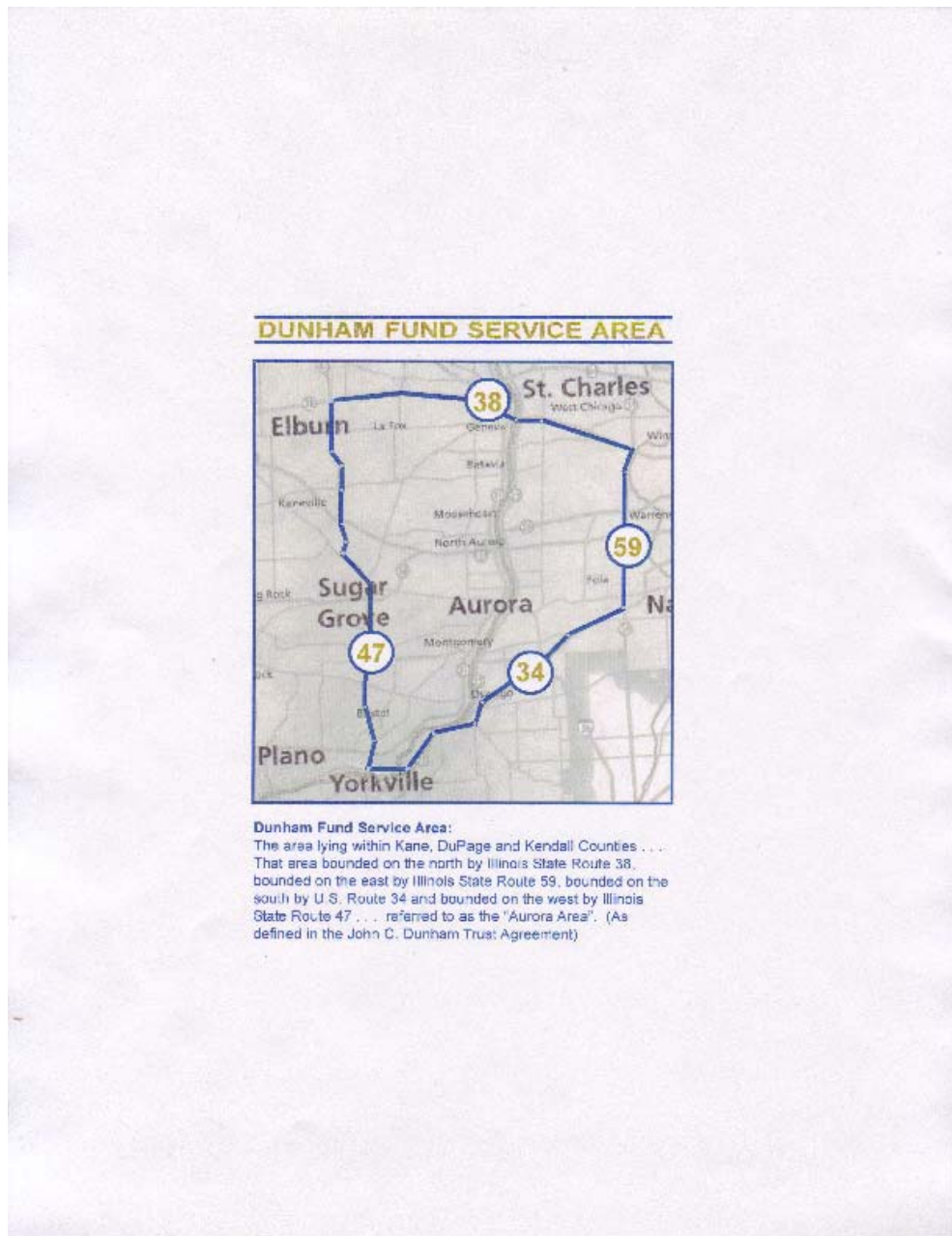
Carmella Moran, Ph.D., R.N., Director, School of Nursing

347 S. Gladstone Ave., Aurora, IL 60506

Phone: 630-844-5132

Email: cmoran@aurora.edu

Dunham Fund Nursing Scholars—Advancing Nursing in Aurora
Appendix A: Dunham Fund Service Area Description



Dunham Fund Service Area:

The area lying within Kane, DuPage and Kendall Counties that are bounded on the north by Illinois State Route 38, bounded on the east by Illinois State Route 59, bounded on the south U.S. Route 34 and bounded on the west by Illinois State Route 47. Referred to as the "Aurora Area."

**The Dunham Nursing Scholars
Recommendation Form
2009 – 2010 Academic Year**

Applicant Instructions:

Please provide a copy of this form to one of the following references:

1. An instructor in a nursing educational program, who can address your academic work, clinical skills and professionalism, and interest in acute care, primary care, public health, or care of the elderly, or nursing education

OR

2. Supervisor in your current, or most recent workplace who is knowledgeable about your work performance and job history. Reference may not be a relative.

Name (print): _____
(Last) (First) (M.I.)

Applicant Waiver: I DO _____ I DO NOT _____ (check one) waive my right of access to this recommendation, granted under the provisions of the Family Educational Rights & Privacy Act of 1974.

Signature of Applicant _____

Date _____

Letter of Reference for The Dunham Nursing Scholarship Applicant:

This recommendation, for the person whose name appears above, will be used solely for evaluation by the Dunham Nursing Scholarship Selection Review Committee. Please complete and return this form via US mail by November 20, 2009. Please send this completed recommendation directly to:

You are/plan to attend **Waubonsee Community College:**
Jess Toussaint, Ed.D., Dean for Health and Life Sciences
Waubonsee Community College
Rt 47 and Waubonsee Dr., Science Building, Suite 214
Sugar Grove, IL 60554
Phone: 630-466-2467
Email: jtoussaint@waubonsee.edu

You are/plan to attend **Aurora University:**
Carmella Moran, Ph.D., R.N., Director, School of Nursing
Aurora University
347 S. Gladstone Ave.
Aurora, IL 60506
Phone: 630-844-5132
Email: cmoran@aurora.edu

1. How long have you known the applicant? _____

In what specific capacity? _____

2. Please evaluate the applicant according to the following criteria by checking the appropriate box.

Characteristic	Excellent	Above Average	Average	Below Average	Unknown
Critical Thinking Skills					
Clinical Competence					
Interpersonal Skills					
Leadership Potential					
Verbal Communication Skills					
Written Communication Skills					
Ability to work on a team					
Community Service					

3. Does the applicant possess any special assets that should be noted? If yes, please describe.

4. Does the applicant demonstrate any areas that need improvement to enhance his /her ability to practice nursing? If yes, please describe.

5. Other comments that would be important to this student's scholarship application:

Recommendation (check one):

- I highly recommend this applicant.
- I recommend this applicant.
- I recommend this applicant, but with some reservation.
- I am not able to recommend this applicant.

Institution or Agency _____

Signature of Reference _____

Name of Reference (print) _____

Title _____

Mailing Address _____
