



Nursing Excellence Scholarship Program Application Checklist

In order for your application to be considered complete, you must fully complete and submit the following:

- Nursing Scholarship Application Form (must be notarized)
- Nursing Scholarship Acknowledgement/Work Commitment Form (must be notarized)
- Complete set of 5 essays (prompts are provided)
- Two letters of recommendation (from faculty or professional colleagues only).
- Complete set of official academic transcripts from all institutions previously attended and currently attending (web printouts are not acceptable)
- Resume
- Acceptance letter (only if you have not already started your program and cannot provide a transcript)

If there are blanks on your application form, your application will not be considered.

Please submit your sealed, signed letters of recommendation and sealed official transcripts along with your application packet. Do not send items separately as they may be delayed in the mail.

Please do not staple anything in your application packet. Paperclips may be used.

Please do not package your application in anything other than a plain, manila folder and/or a large envelope. Do not use a binder, clear plastic packaging, page protectors, pocket folders or anything else to submit your application.

You should send your complete application packet to:

Inova Nursing Excellence Scholarship Program

Attn: Scholarship Committee
8110 Gatehouse Road, 200W
Falls Church, VA 22042

You may send your application via mail or hand delivery. Please do not use fax or interoffice mail.

For questions, please visit inova.org/nursingscholarships and click on “Apply for an Inova Health System Nursing Excellence Scholarship”



Nursing Excellence Scholarship Program Application Form

To be considered for the scholarship program, this form must be completed in its entirety and must be notarized.

Personal Information	Name: _____ <i>First</i> <i>Last</i> <i>(Maiden, if applicable)</i> Address: _____ City/State/Zip Code: _____ Phone: _____ / _____ <i>Primary</i> <i>Secondary</i> Date of Birth (mm/dd/yyyy) : _____ Permanent E-Mail Address: _____ (Email is our primary method of communication. Please provide us with an address you check regularly).
Nursing School Information	Nursing School Attending: _____ Month/Year Nursing Program starts: ____/____ Month/Year of Graduation: ____/____ Cumulative GPA: _____ (if your program has not started, please provide your GPA from your last degree program) Degree expected (circle one): BSN MSN PhD DNP Nurse Practitioner Other Degrees Obtained: _____ Tuition costs per semester: _____
Employment Information	Inova Employee ID# _____ Date of hire at Inova (month/year): _____ Current Title: _____ Where do you work? Facility: _____ Unit: _____ Budgeted Hours per week: _____ Are you eligible for Inova tuition assistance? _____

I am applying for a Nursing Excellence Scholarship from Inova Health System. I understand that if I am accepted, I will be expected to continue working at Inova while receiving the scholarship, complete the program on time, and maintain a 3.0 GPA. I understand the requirements and conditions of this program, and have signed the attached agreement.

I hereby certify that all information contained on this Application is true, accurate, and complete. I further acknowledge that any misrepresentation or omission is grounds for possible termination.

Applicant's Signature

Date

Notary Signature

Date

If you have any questions about the Nursing Excellence Scholarship Program, please e-mail the Edelman Nursing Career Development Center at edelmancareercenter@inova.com.

Please submit the completed application packet to: Inova Institute for Nursing Excellence, Nursing Excellence Scholarship Program, 8110 Gatehouse Road., 2nd Floor West, Falls Church, VA 22042.



**Nursing Excellence Scholarship Program
Acknowledgement/ Work Commitment Form**

In consideration for receiving a nursing scholarship from Inova Health System for attendance at an approved and accredited nursing program:

I, _____ agree to work in a budgeted, Inova tuition assistance-eligible position concurrently while completing my degree. As part of the scholarship program, I understand that I must complete my degree program within a consecutive five-year period.

I understand that these scholarship monies are to supplement my benefit of Inova tuition assistance. I will begin using my scholarship money within 12 months of being awarded the scholarship.

I understand that the scholarship program includes programs such as the following, RN-BSN, Master’s, Nurse Practitioner, and Doctoral Nursing programs.

I understand that the compensation rate shall be consistent with position’s existing salary range.

I agree to satisfactorily complete the program within the expected timeline set by the college or university and within the five-year period set by Inova. I agree to submit evidence of maintaining a 3.0 GPA each grading period. Failure to complete the program of study or failure to maintain a 3.0 GPA will result in forfeiture of the scholarship with immediate reimbursement of any and all scholarship monies received.

I agree to respond to inquiries regarding academic progress including submission of official transcripts covering academic work since the scholarship award was made.

I agree to continue my employment at Inova in a budgeted, tuition assistance-eligible status for the duration of the use of scholarship funds.

If I do not fulfill my commitment to be employed, am involuntarily terminated, or do not complete the program, I will repay to Inova the scholarship monies in full.

I understand that the Inova will keep a copy of my scholastic records in the Human Resources Department and that such information may be made available to individuals involved in the scholarship determination process.

I agree to participate in any scholarship functions and or awards/ceremonies that may be requested.

I understand that the IRS has ruled that scholarship or fellowship grants are taxable to the recipient because they are paid for teaching, research, or other services as a condition for receiving the grant and are considered wages and must be reported on Form W-2.

I fully understand that I must satisfactorily meet all conditions for employment with Inova at the time I am ready to be employed as a registered nurse, including a background check and drug screen. I fully understand that nothing in this agreement creates an expressed or implied contract of employment. I further understand that I am employed at will, that both Inova Health System and I are free to terminate the employment relationship at our discretion, and that no supervisor or other hospital representative is authorized to alter this relationship.

Applicant’s Signature

Date

Notary Signature

Date



Nursing Excellence Scholarship Program Application Essays

Please answer all of the following questions thoroughly. Your answers should be in essay format, 12pt font, single spaced. There is no word count requirement, but please answer each question thoughtfully and completely.

1. Describe a challenge you faced and how you reacted to that challenge. What did you learn from the experience?
2. What are your short term and long term goals? How do they align with Inova Health System's mission, vision, and goals for nursing?
3. What are some trends you see in nursing care? How do you see yourself fitting into the future of nursing?
4. Describe a time you impacted a patient's life. What did you do to make a difference?
5. Is there anything that is not captured in your application, resume, and letters of recommendation you would like to share with the scholarship committee?