

## **MARTIN J. OZINGA, JR., NURSING TUITION AWARD POLICY**

### **Purpose:**

To provide monetary assistance to a junior or senior year nursing student enrolled in an accredited nursing program, including diploma, associate, or baccalaureate programs.

### **Eligibility**

The student must be in good academic standing, maintain a cumulative grade point average (G.P.A.) of 2.75. The candidate also must demonstrate nursing competence (clinical and/or work experience) and leadership skills in professional or community service and be within three (3) semesters of graduation. The monetary award will cover one semester of tuition up to \$5,000. Student may be nominated by their school or apply on their own for the tuition award. Applications are being accepted from December 2011 graduates only.

### **Application Procedure**

1. Submit a completed application to Human Resources.
2. Include two (2) letters of recommendation from faculty members of the school.
3. Include a sealed copy of the student's most recent transcripts, and a tuition statement for the semester or quarter. Copies of final grade reports or unofficial transcripts will not be accepted.
4. Members of the tuition award committee will interview applicant. The interviewing committee will be comprised of a minimum of four people: VP of Nursing, a Nurse Manager, Human Resources and a Committee member.

### **Renewal Criteria**

Applicants are eligible for up to two years or three semesters of tuition awards. Transcripts, schedule and tuition statement must be submitted for each academic year, or portions thereof. Previous tuition awardees must maintain a 2.75 G.P.A.

### **Commitment**

1. The award recipient is responsible for employment at Little Company of Mary Hospital full-time for one (1) year for every tuition award semester granted.
2. Awardees will meet with a representative from Human Resources to discuss employment duration and position availability prior to making the decision whether to accept the tuition award. Information on benefits can be obtained at LCMH's website [www.lcmh.org](http://www.lcmh.org).
3. Employment duration will begin upon successful completion of the NCLEX and issuance of an Illinois RN license..
4. RN positions at the time of graduation will vary according to units and shifts. Every attempt will be made to honor unit and shift preference, but this cannot be guaranteed.
5. Penalties will apply if the awarded student does not fulfill employment obligation.
6. Awarded student will be required to sign contractual agreement stating such acknowledgment of requirements.

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APPLICATION**

**Instructions:**

1. Complete this application and return to the \_\_\_\_\_ Human Resources Department, Little Company of Mary Hospital and Health Care Centers.
2. A formal transcript, tuition bill, school schedule and two letters of recommendation must be included with the application.
3. Complete the first three lines of the CONFIRMATION OF STUDENT ENROLLMENT form, read and sign the Student Statement portion at the bottom, and submit the form to your school's Registrar's Office. A school representative will verify the information, affix the school seal, and return the form directly to the Hospital.
4. Please type a short essay (three of four paragraphs), explaining why you chose nursing as a career, and what you hope to contribute to the profession. Include why you are interested in working at LCM and in this tuition award.

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

College / University \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Employer (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Supervisors Name \_\_\_\_\_

Position \_\_\_\_\_

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College / University Representative:

Please confirm that the following enrollment information is true and accurate. A signature and the school seal will constitute verification. Return the confirmation directly to Little Company of Mary Hospital and Health Care Centers, ATTN: Human Resources. Your cooperation is greatly appreciated.

\_\_\_\_\_ is enrolled in the Nursing Program  
(Name of Student)

at \_\_\_\_\_  
(Name of College or University)

and is expected to graduate \_\_\_\_\_.  
(Month and Year)

\_\_\_\_\_  
Signature of College / University Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**Student Statement**

I understand if I am awarded a Little Company of Mary Hospital and Health Care Centers Tuition Award, I will make every effort to successfully complete the above program.

If I discontinue attending the program, or fail to complete the program by the expected graduation date indicated above, I agree to repay the entire amount awarded to me.

School Seal

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date