

Wabash General Hospital District
Mt. Carmel, Illinois

RN SCHOLARSHIP PROGRAM

Scholarship Student Requirements:

1. Prerequisites for Program Entry:

- Must be in good standing at Wabash Valley College (WVC).
- Completed WGH Scholarship Program application.
- Maintain a cumulative GPA of 3.0 or above.
- Submit two letters of recommendation.
- Provide a signed “Release of Information.”
- *Note:* Taking the LPN exit exam and boards is encouraged.

2. Employment Opportunity at Wabash General Hospital (WGH):

- The scholarship recipient may work at WGH while enrolled in nursing school.

3. Work Option Requirements (if chosen):

- Work at least once monthly if on PRN status or a minimum of 32 hours per pay period if part-time.
- Employment status will remain PRN or part-time while in school.

4. Employment Policies:

- Scholarship recipients are subject to low census days in the same manner as other WGH employees.

5. Program Duration:

- The educational program is limited to a maximum of two years per participant, excluding any required support programs.

6. Application Submission:

- Incomplete applications may not be considered.
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Hospital Responsibilities:**1. Work Accommodations:**

- Wabash General Hospital will make reasonable accommodations to support the recipient's completion of RN training while they are employed (PRN or part-time) at WGH.

2. Financial Assistance:

- WGH will cover the cost of student loans for tuition, books, and testing fees required to complete an Associate Degree in Nursing. Background check, scrubs and drug screen cost will also be covered.

Academic Standards & Program Continuation:

- Recipients are expected to maintain a GPA of 3.0. Falling below a 2.0 GPA will place the student on probation the following semester. The Scholarship Committee will review each case individually for program continuation.
- Failure to pass the RN Boards will result in ineligibility for loan repayment assistance.

Payback Conditions:

- If the recipient does not complete the program or is removed from it, repayment to WGH will be required. Terms of repayment will be assessed individually and must be completed within a minimum of 30 days and a maximum of 24 months.

Reporting Requirements:

- A copy of the class schedule must be submitted at the start of each term.
- Transcripts should be provided within one week of receipt after each semester to verify GPA.

Post-Graduation Commitment:

- Upon graduating with an Associate Degree in Nursing, recipients must work full-time at Wabash General Hospital for a minimum of 24 months.

Wabash General Hospital

Mt. Carmel, Illinois

RELEASE OF INFORMATION AUTHORIZATION

Scholarship Applicant Information and Acknowledgment

I, the undersigned, hereby apply for Wabash General Hospital's Nursing Scholarship Program.

- I am currently enrolled in the Nursing Program at an Illinois Eastern Community Colleges (IECC) campus.
- I authorize all educational institutions, individuals, companies, and their representatives to provide information regarding my qualifications, academic performance, and previous employment to Wabash General Hospital, and I release them from any related liability.
- I understand that an annual evaluation of my educational progress will be conducted as part of the scholarship program requirements.
- I confirm that the information provided in this application is true and complete. I understand that any false statements, misrepresentations, or omissions may result in cancellation of the nursing scholarship.
- Upon graduation, I agree to work full-time for Wabash General Hospital for a minimum of 24 months. Should I be unable to fulfill this commitment, I agree to reimburse the hospital for all scholarship assistance payments made.

I have read, understood, and agree to the above acknowledgments and conditions as a requirement for the Wabash General Hospital Nursing Scholarship Program.

Signature and Date

- **Applicant's Signature:** _____
- **Date:** _____

Wabash General Hospital
Mt. Carmel, IL 62863

Scholarship/Educational Assistance Application

Note: Please attach a statement from your college or university showing estimated costs for tuition, books, and fees to support the educational assistance amount requested.

Applicant Information

- **Name:** _____
- **Address:** _____

- **Phone:** _____

Education Information

- **Do you plan to work while attending school?**
☐ Full-time ☐ Part-time ☐ PRN ☐ No
- **High School Graduated From:** _____
- **If GED, please explain:** _____
- **College Graduated From (if applicable):** _____
- **County of Residence and Duration:** _____

Financial Assistance Information

Applicants must apply for any available financial assistance from the college or university. Attach copies of applications and responses.

- **Financial Assistance Applied For:**
(e.g., Pell Grant, ISSC, MAP Grant, etc.) _____

- If no applications were submitted, please explain: _____

Employment History (Last 10 Years)

Employer	Duties	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

References

Name	Phone
_____	_____
_____	_____
_____	_____

Applicant Declaration

I, (print name) _____, hereby state that the information provided in this application is accurate and truthful. I have read the Wabash General Hospital Scholarship and Educational Assistance Policy and agree to the terms and conditions set forth within.

I also authorize Wabash General Hospital District, 1418 College Drive, Mt. Carmel, IL 62863, to obtain my achievement and aptitude test results, current transcripts, Pell, MAP, and other grant applications and awards received, plus any information needed to consider my application and administer payments under the scholarship and educational assistance program.

- **Applicant Signature:** _____
- **Date:** _____
- **Witness Signature:** _____
- **Date:** _____

Required Attachments

1. Proof of enrollment (if already obtained).
 2. Statement from college showing estimated costs for tuition, books, and fees for the program. Include a copy of fees payable for state license certification exams, if applicable.
 3. Copies of financial assistance applications (Pell Grant, ISSC, MAP Grant, etc.).
 4. Two letters of recommendation.
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Scholarship Award Authorization

- **Administrator Signature:** _____
- **Date:** _____
- **Scholarship Committee Authorization:** _____

Date: _____