

SSM Health St. Mary's Hospital Reach for the Stars Nursing Scholarship Program

The SSM Health St. Mary's Hospital Reach for the Stars Nursing Scholarship Program is an exciting opportunity for SSM Health St. Mary's Hospital to support the professional development of team members wishing to pursue careers in nursing. The scholarship is designed to provide financial assistance to SSM Health St. Mary's Hospital team members who meet the eligibility requirements as outlined below. Scholarships cover costs including but not limited to tuition, educational materials, uniforms and other reasonable educational expenses. A scholarship committee will review applications and distribute funds based on employees who demonstrate the greatest potential to succeed in becoming RNs. Preference will be given to employees pursuing an ADN.

Eligibility Requirements

An applicant must be:

- Current SSM Health St. Mary's Hospital employee interested in pursuing a nursing career and must maintain at least part-time employment (20 hours) at SSM Health St. Mary's Hospital throughout the course of the program.
- Employed at SSM Health St. Mary's Hospital for at least 6 months at the time of scholarship application and have no hospital disciplinary action write up in the previous 6 months.
- Completed prerequisites for nursing school, accepted to, or enrolled full-time in an accredited nursing program offering an Associate or Bachelor degree in nursing.
- Must not be a private or for-profit college or university
- Eligible for in-state tuition only
- Willing to commit to employment with SSM Health St. Mary's Hospital for 2 years upon completion of nursing degree

Application Process

- Complete and submit application form that includes a 500-word personal statement on why you should be awarded the scholarship.
- Submit three (3) recommendation letters. All three recommendations must be from professional sources working within SSM Health St. Mary's Hospital (NO family members). One of the recommendations must be from the applicant's direct supervisor / manager who is familiar with the applicant's work performance.
- Participate in a panel interview.
- Submit application by **October 1st, 2024**, which is also designated on the St. Mary's Foundation website: www.givetossmhealth.com/stmarysjc

Application Materials

- Application form, along with supplemental items, including official college transcripts, if applicable, and nursing school admittance letter
- Personal statement form
- Recommendation forms

For more information about the SSM Health St. Mary's Hospital Reach for the Stars Nursing Scholarship Program, please contact:

Tori Baker, Foundation Director
tori.baker@ssmhealth.com | 573-681-3742



APPLICATION PACKAGE



SSM Health St. Mary's Hospital Reach for the Stars Nursing Scholarship Application

Employee Name: _____ Employee ID: _____

Employee Hire Date: _____ Current Performance Rating: _____

Employment Status: ___ Full-time ___ Part-time Current Date: _____

Current Unit/Department: _____ Current Manager: _____

Work Phone #: _____ Work E-Mail: _____

Personal Phone #: _____ Personal E-Mail: _____

Are you currently enrolled in college: ___ Yes ___ No Current GPA: _____

Nursing School Program: _____

Expected Graduation Date: _____

Do you qualify for in-state tuition rates? ___ Yes ___ No

- Please attach a 500-word personal statement addressing why you should be awarded this scholarship.
- Please attach three (3) letters of recommendation: All three recommendations must be from professional sources working within SSM Health St. Mary's Hospital (NO family members). One of the recommendations must be from the applicant's direct supervisor / manager who is familiar with the applicant's work performance. Recommendation letters should address the applicant's intellectual ability, emotional maturity, and motivation to achieve and excel in the Reach for the Stars Nursing scholarship program.

Application documents must be received before 5PM by **October 1st, 2024, which is also designated on the St. Mary's Foundation website.**

Applicant packet to include:

- **Completed application, personal statement, official college transcripts (if applicable), and nursing school admittance letter.** Submit applications to the Foundation Office or via email: tori.baker@ssmhealth.com.
- **The forms of the three (3) typed recommendation letters should be completed by the person making the recommendation and emailed directly to:** tori.baker@ssmhealth.com.



APPLICATION
PACKAGE



SSM Health St. Mary's Hospital Reach for the Stars Nursing Scholarship
Applicant Personal Statement

Employee Name: _____

Employee ID: _____

Directions: Please provide a personal statement on why you should be chosen for this scholarship program. Your statement is limited to 500 words.

Signature

Date

SSM Health St. Mary's Hospital Reach for the Stars Nursing Scholarship

*Request for Recommendation –
(page 1 of 2)*

Name of Applicant: _____

To the respondent:

This form is available on the St. Mary's Foundation website. Please complete it online, typed only, and send directly to the Foundation Office. Both pages should be completed by the person making the recommendation.

To be received by **October 1st, 2024**, which is also designated on the SSM Health St. Mary's Hospital website.

This form must be typed and is only acceptable by email.

Section A – Knowledge of applicant

1. Approximately how long have you known the applicant? _____ Years _____ Months
2. How well do you know the applicant? (Select one) ___ Casually ___ Well ___ Very Well
3. In what capacity do you know the applicant?
___ Current Manager / Supervisor
4. Upon the applicant's completion of their Nursing degree, would you hire the applicant to work under your supervision? (Select one) ___ Yes ___ No
5. Please express your view about this individual's intellectual ability, emotional maturity, motivation to achieve and excel in the Reach for the Stars Nursing Scholarship Program and to succeed as a future nurse at SSM Health St. Mary's Hospital.

SSM Health St. Mary's Hospital Reach for the Stars Nursing Scholarship
Request for Recommendation -
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Section B – Applicant's Potential as a Nursing Scholar

Directions: Please select one rating for each of the abilities listed in the table below.

	Exceptional	Above Average	Average	Below Average	No information
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Express Ideas Orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation to Achieve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. In summary, the weight of my overall recommendation would be (select one):

___ Very Strong ___ Strong ___ Average ___ Recommendation with Reservations
___ No Recommendation

Signature of Respondent: _____ Date: _____

Name / Title / Organization: _____

Phone: _____ Email: _____

Address: _____ City/State/Zip: _____