

William K. Schubert Minority Nursing Scholarship Program



Objective:

The goal of the William K. Schubert Minority Nursing Scholarship Program is to increase the diversity of registered nurses at Cincinnati Children's Hospital Medical Center. The program grants awards annually to assist with tuition and fees for persons who are preparing to be pediatric registered nurses that provide patient care. These scholarships exemplify Cincinnati Children's commitment to assist with economic barriers that prevent some students from pursuing nursing careers.

Awards:

The award is a maximum of \$2,750 per year. Funds are prorated for part-time enrollment status. Maximum time is extended for part-time study. Scholarship funds are sent directly to recipients' schools to be applied to tuition. These funds are not eligible for living expenses.

<u>Degree</u>	<u>Maximum Scholarship Amount</u>	<u>Maximum Time for Full-Time Study</u>
Bachelor's (prelicensure)	\$11,000	4 Years
Master's (prelicensure)	\$5,500	2 Years

Criteria:

- ◆ Student should be a member of one of the **underrepresented** groups in the registered nursing profession. Underrepresented groups include male nursing students and nursing students who are Native American or Alaskan Native, Black or African American, Hawaiian Native or other Pacific Islander, Hispanic or Latino, and Asian including Chinese, Filipino, Japanese, Korean, Asian Indian, Thai, or Vietnamese/Southeast Asian.
- ◆ Student must be enrolled or accepted in a **prelicensure bachelor's or prelicensure master's** registered nurse program at an accredited school of nursing on a full-time or part-time basis. As a pediatric organization, we have a strong preference toward applicants with a focus or interest in pediatric nursing, but welcome applicants with other nursing focuses. Pre-nursing students are not eligible until fully accepted and enrolled in a BSN or MSN program.
- ◆ Student must have and maintain a minimum **cumulative GPA of 2.75** on a 4.0 scale.
- ◆ If the student is a current Cincinnati Children's employee and is eligible for benefits under the organization's Tuition Assistance Program, s/he is eligible to apply for the scholarship.

Selection Process:

Selections are made once per year and will be determined by the William K. Schubert Minority Nursing Scholarship Committee. **The annual deadline for submitting a completed application is April 30.** Early submissions are encouraged. Select applicants will be contacted to record a video interview. Scholarship recipients will be evaluated based on the contents of their application packet and the completion of the video interview. Selections are announced on or before July 15.

Employment Opportunities

Pediatric nursing is exciting and rewarding! Every day, nurses at Cincinnati Children's Hospital Medical Center help change the outcome for our young patients and their families. **Scholarship recipients are encouraged to and supported in seeking employment at Cincinnati Children's upon graduation.** Persons should contact Nursing Recruitment and Retention at 1-877-636-0219, or **visit our Nursing Career website: <http://www.cincinnatichildrens.org/careers/nursing/default.htm>**

William K. Schubert Minority Nursing Scholarship Program



Directions for Preparing an Application Packet:

Applications can be submitted either via mail or email. Submissions by mail must be submitted in a single envelope by the April 30 deadline. Email submissions must include all necessary attached in either PDF or DOC file format and are to be received at Diversity@cchmc.org by the April 30 deadline. The William K. Schubert Minority Nursing Scholarship Committee will not consider incomplete or late applications. The Committee will not accept additions to an application after its submission.

The following items constitute a complete application package and must be submitted in a single packet (either one envelope via mail, or attached to a single email). If any item is missing, the application will be considered incomplete and will be disqualified. Do not include additional materials (e.g. photographs).

1. **Application Form:** The application form must be fully completed, signed, and dated. Read the Agreement section on page 5 thoroughly and make sure you understand it. Without your signature and the date, your application will be disqualified.
2. **Transcript(s):** Photocopies are acceptable. Online transcript printouts are acceptable if they indicate the school's name, the student's name, the courses taken, and the grades awarded. Note: Official transcript requests cannot be sent separate from the application. Make any such requests from your school in time to submit with your application.
3. **Proof of Nursing School Enrollment/Letter of Acceptance:** Submit documentation from the registrar's office that indicates proof of enrollment. If your acceptance is pending when you submit your application for receipt by the application deadline, then you must forward a copy of an acceptance letter to the committee for receipt by June 1 to continue to be eligible for consideration. Your letter of acceptance or proof of enrollment may be emailed to Diversity@cchmc.org.
4. **Essay:** Please see essay requirements listed on page 5 of this application.
5. **Three Letters of Recommendation:** The letters should be from at least two different sources (e.g. school, community activity, work). Letters cannot be from relatives. The letters should be written on letterhead and must be current and dated no earlier than six months before date of submission of application. Older letters or copies will not be considered valid. Letters should include why the applicant would be a good nurse.
6. **Résumé:** This document should summarize your education, work experience, and extracurricular/community activities.

Additional Information:

- ◆ Confirmation of receipt of your application packet will be sent via email to the primary email address listed in your application.
- ◆ Current Cincinnati Children's employees should reference the organization's Tuition Reimbursement policy.
- ◆ Questions related to this program should be directed to Diversity@cchmc.org.

How to Apply:

Apply online:

Applications for the William K. Schubert Minority Nursing Scholarship can be completed online through [our application portal](#) (also available through [the scholarship website](#)).

Apply by email:

Completed applications can be emailed to Diversity@cchmc.org.
(Note: only PDF or Word document file formats are accepted)



William K. Schubert Minority Nursing Scholarship 2019 Application

Name: _____ Date of Birth: _____
 Preferred Name (if different from above): _____ Main Phone: _____
 Address: _____ Secondary Phone: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____ Gender: _____
 Secondary Email Address (if applicable): _____

Please identify your race(s) - select all that apply:

- American Indian/Alaska Native Black/African American White/Caucasian
 Asian Native Hawaiian/Pacific Islander Other: _____

Please describe your ethnicity / family's country of origin (ex. Arab, Chinese, Cuban, Hispanic, etc.):

If you are proficient in any languages in addition to English, please list them and describe your level of proficiency (i.e. read, write and/or speak): _____

Are you a U.S. citizen: Yes No

If not, please describe your status: _____

Do you either have military experience or are you a veteran: Yes No

High School (ONLY NECESSARY FOR NEWLY GRADUATING HIGH SCHOOL SENIORS)

High School: _____ Cum. High School GPA: _____

College/University Information

School Name: _____

College/University Student ID # (if available): _____ Cum. College GPA: _____

I am working toward the following degree in nursing (check one):

- Bachelor's Degree Master's Degree

If you are seeking a dual degree, please check the degree for which you are seeking funding:

- Bachelor's Degree Master's Degree

I will be attending school (check one):

- Full-Time Part-Time

My expected graduation date from my nursing program is:

(NOTE: Please list the numeric year and timing during the year (preferably month or season).—ex. Spring 2020 or June 2020.)

William K. Schubert Minority Nursing Scholarship
2019 Application (continued)



I will be receiving the following other financial assistance / scholarships (if applicable):

If applicable, list extracurricular organizations/activities in which you are or have been involved. Please list up to three in chronological order.

	YEAR	ORGANIZATION
1.	_____	_____
2.	_____	_____
3.	_____	_____

If applicable, list extracurricular organizations/activities in which you hold or have held leadership positions. Please list up to three in chronological order.

	YEAR	ORGANIZATION	OFFICE/POSITION HELD
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

How did you hear about the William K. Schubert Minority Nursing Scholarship?

Have you applied for the William K. Schubert Minority Nursing Scholarship before? Yes No

Are you a current employee of Cincinnati Children's Hospital Medical Center? Yes No



William K. Schubert Minority Nursing Scholarship 2019 Application (continued)

Please submit an essay that answers the following questions using no more than 750 words:

1. What long-term personal, educational, and professional goals have you set for yourself? Why did you choose them? How will you accomplish them?
2. Why have you chosen nursing as a profession and, if applicable, a focus in pediatrics?
3. How has your experience as a part of your underrepresented group(s) (in nursing or otherwise) influenced a major professional and/or personal decision in your life?
4. When your scholarship application is reviewed, the Scholarship Selection Committee will be looking for unique qualifications and experiences. Please identify your special talents or demonstrate your creativity. You may want to describe an experience or situation that demonstrates your leadership ability, give the details of a project you completed, or write on any topic that you feel will help the Committee learn more about you.
5. How has your work experience to-date contributed to your personal development?
6. Please describe your financial need with regard to your schooling and how this scholarship would help you financially. To what extent are you able to pay your college expenses through work? What other kinds of financial aid are you receiving?

Agreement:

I agree that the acceptance of the William K. Schubert Minority Nursing Scholarship indicates that I will enroll or maintain enrollment in a professional registered nurse program as a full-time or part-time student. I agree to maintain a minimum cumulative GPA of 2.75 in the program and provide a copy of grades at the end of each semester/quarter. I agree to meet all eligibility criteria established by Cincinnati Children's Hospital Medical Center (CCHMC). I understand that I cannot be eligible for both the William K. Schubert Minority Nursing Scholarship and benefits under CCHMC's Tuition Reimbursement policy at the same time. I hereby authorize my college or university to release any needed information to CCHMC. I certify that the information provided above is accurate and complete to the best of my knowledge. I agree to allow CCHMC to release my name, picture and school information to the local media.

Signature

Date

For questions, please contact:

Diversity@cchmc.org

Submitting an application packet:

Apply online:

Applications for the William K. Schubert Minority Nursing Scholarship can be completed online through [our application portal](#) (also available through [the scholarship website](#)).

Apply by email:

Completed applications can be emailed to Diversity@cchmc.org.
(Note: only PDF or Word document file formats are accepted)