

MILDRED ENGEL NURSE SCHOLARSHIP APPLICATION

Heritage Manor Skilled Nursing & Rehabilitation Senior Living by Youngstown Area Jewish Federation

**517 Gypsy Lane, Youngstown, Ohio 44504
Phone: 330.746.1076 | Fax: 330.743.3115**

For individual(s) in need of a scholarship to secure an associate or baccalaureate degree in nursing. Recipients are subject to the following criteria:

- Maintain a residency radius of 60 miles of Youngstown
- ONE of the following:
 - (A) Recipient will be required to work at least three (3) shifts per month in a desired capacity (i.e., RN, LPN, or STNA (Heritage Manor will train STNAs)) while attending school for one year for any amount awarded up to \$8,000; and at least two years for monies awarded above \$8,000 per year up to the maximum amount of \$10,000 per student per year. Shifts are a minimum of eight (8) hours. Recipients will be paid a wage in addition to the scholarship.
 - (B) Recipient must work for Heritage Manor as an RN, ideally as a full time RN but at least as a PRN RN for three (3) shifts per month, for at least one year for any amount awarded up to \$8,000; and at least two years for monies awarded above \$8,000 per year up to the maximum amount of \$10,000 per student per year. Shifts are a minimum of eight (8) hours. If no positions are available within thirty (30) days upon receiving licensure, Recipient will be released from the commitment to work for Heritage Manor. If the recipient does not fulfill this requirement, they must pay back the scholarship per Agreement.

Applications will be considered until the approved yearly scholarship fund amounts are exhausted, resetting each June 1.

Inquiries and applications should be submitted in writing to:

**Nurse Scholarship Committee
c/o Eric Murray, Executive Director of Senior Care and Services
517 Gypsy Lane
Youngstown, OH 44504**



SCHOLARSHIP LOAN APPLICATION FORM

APPLICANT:

Name: _____ SSN# (Optional): _____

Address: _____

Phone: _____ Age: _____ Sex: _____

Marital Status: () Single () Married Children: () Yes () No Ages: _____

NURSING SCHOOL:

2 year associate degree program or 4 year baccalaureate program

Name of School: _____

Address: _____

PRIOR NURSING SCHOOLS OR UNIVERSITIES:

Name of School: _____ Dates attended: _____

Name of School: _____ Dates attended: _____

REQUIREMENTS:

Pell Grant Report: () Yes () No Date Received: _____

Other Grants or Loans Received: _____

Amount Requested: _____ (instructional and technical fees; book costs)

Please submit the following and mail to the address on page 1:

- Work Reference Letter
- Scholastic Reference Letter
- Resume
- Character Reference Letter
- Official Transcript

****NOTE: APPLICANT MAY BE CONSIDERED IN A PROVISIONAL MANNER WITH SCHOLARSHIP AWARD DEPENDENT ON OFFICIAL FINAL ACCEPTANCE INTO AN APPROVED RN PROGRAM. APPLICANT MUST WAIT AT LEAST 12 MONTHS FROM RECEIPT OF AN AWARD TO SUBMIT ANOTHER SCHOLARSHIP REQUEST.**

Applicant's Signature: _____ Date: _____

If the Grantee is unable to attend the funded conference/program/camp, any funding granted and disbursed by the Grantor must be returned in full. If the Grantee is required to leave the conference/program/camp early due to illness, behavioral issues, or any other reason deemed appropriate by the conference organizers or the Grantor, the Grantee agrees to reimburse the Grantor on a pro rata basis for the portion of the funding corresponding to the missed portion of the event.

Repayment must be made within thirty (30) days of the Grantee's notification of non-attendance or early departure. If full repayment cannot be made within that 30-day period, a repayment plan must be submitted to, and approved by, the Youngstown Area Jewish Foundation's Financial Resource & Development Director within the same timeframe.