



Fairview Foundation
Riverside Professional Building, Suite 119
2450 Riverside Ave
Minneapolis, MN 55454
fairview.org/giving

Dear Scholarship Applicant:

Thank you for your interest in The Mark Cavanaugh Memorial Pediatric Nurse Practitioner Scholarship. We applaud your decision to further your education at the University of Minnesota, School of Nursing in the Doctor of Nursing Practice (DNP) program, specializing in pediatrics.

This application includes scholarship information and requirements, an application and recommendation forms. Please complete and submit all application materials to be delivered or postmarked by **September 1, 2018**. Please note that our physical address is different than our mailing address. In-person delivery may be made to the Riverside Professional Building at 606 – 24th Ave S, Minneapolis. U.S. mail should be sent to Fairview Foundation, Riverside Professional Building Suite 119, 2450 Riverside Ave, Minneapolis, MN 55454. After all applications have been received, a scholarship selection committee will evaluate the applications and select the recipient(s) of this scholarship.

I look forward to receiving your application materials. If you have any questions, please contact me at pchapma1@fairview.org or 612-672-7715.

Best wishes,

A handwritten signature in black ink that reads "Pam Chapman". The signature is written in a cursive, flowing style.

Pam Chapman

Fund Management Specialist, Fundraising Operations

The Mark Cavanaugh Memorial Pediatric Nurse Practitioner Scholarship Fund

Fund #70847, established 2015

Fund Purpose: established in loving memory of Mark Cavanaugh by his parents to provide financial support to an outstanding nursing student(s) enrolled in the University of Minnesota School of Nursing, Doctor of Nursing Practice (DNP) program and specializing in Pediatrics.

In honor of Mark's inspirational approach to life, preference is given to the applicant who has exhibited exceptional academic standing, need, dignity, integrity, service and compassion for children. The scholarship selection committee is comprised of a Pediatric Nurse Manager and the Coordinator of the Pediatric Nurse Practitioner area of study at the University of Minnesota School of Nursing, among others.

The scholarship will be awarded annually to a candidate(s) who has worked as a full-time nurse in pediatrics for at least one year and has completed at least one semester of DNP coursework. The scholarship is renewable and awardees may reapply in subsequent years.



Mark's story

This scholarship is in memory of an exemplary 27-year-old nurse who had a deep empathy for children with serious illness. Mark Cavanaugh's dream was to earn his DNP so he could help sick kids on their journeys toward better health.

After a five-year battle, aplastic anemia took Mark's life on November 12, 2013. His course of treatment had culminated at University of Minnesota Medical Center (UMMC).

Mark received superb care from the Fairview nurses and his parents want to support the academic excellence of students at the University of Minnesota's School of Nursing. This need-based scholarship is intended to make it possible for nurses who have the same care and compassion for children to earn their DNP. The recipients of the scholarship will be able to carry out the work that Mark had intended to do himself when they become Pediatric Nurse Practitioners or Pediatric Clinical Nurse Specialists.

Each year, at least \$20,000 in scholarship money will be awarded. It is anticipated that the scholarship will be available on an annual basis for ten years (until 2024).

2018 Application: The Mark Cavanaugh Memorial Pediatric Nurse Practitioner Scholarship

Demographic Information

First name:
Middle name:
Last name:
University of Minnesota email:
Current address:
Current city, state ZIP:
Hometown:

Are you a US Citizen?: <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, country of citizenship:
Visa type:

All applicants: This scholarship is considered taxable under Section 117 of the Internal Revenue Service code; the award is intended to be used for educational expenses such as tuition, fees, books, supplies and equipment required for courses of instruction.

International applicants: Note that scholarship awards are subject to taxation according to US treaty agreements established with your country of origin.

Have you worked as a full-time nurse in pediatrics for at least one year? Yes No

Have you completed at least one semester of Doctor of Nursing Practice (DNP) coursework and are you currently enrolled in the University of Minnesota School of Nursing, DNP program and specializing in Pediatrics?: Yes No

DNP specialty area: Pediatric Clinical Nurse Specialist Pediatric Nurse Practitioner

Current enrollment: Full time 3/4 time Half time Less than half time

Current Grade Point Average (GPA): _____ Expected graduation date: _____

Scholarship committee use only

Expected Family Contribution (EFC):

Qualifications & Endorsements

- Please submit either your curriculum vitae or résumé. Be sure to include your nursing employment history – employer, position(s) held, dates of employment, nursing supervisor name and contact information.
- Please submit two (2) professional recommendations using the attached recommendation forms. One letter must be from an immediate nursing supervisor.
- Please submit transcripts (an unofficial copy is fine) for all coursework that has counted toward your DNP degree.

Financial Need

We do not retain any record of the financial information you submit using this form and have taken steps to ensure your privacy. These questions are from the Federal Need Analysis Methodology, a standard formula established by Congress.

Family Information

The number in household is the family size, including the student. It should include the number of people in the household that will get more than half their support during the award year from the household.

Include the student's spouse. Also include the student's children if they get more than half their support from the student. Other people may be included only if they currently live with the student, currently get more than half of their support from the student, and will continue to get more than half their support from the student during the award year. Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, and so on.

Number in household: _____

The number in college should include only those family members who are enrolled at least half time and working toward a degree in an eligible accredited Title IV institution of higher education. (Students enrolled in one of the military academies, such as West Point and Annapolis, do not count.) The student should always be counted, even if the student is enrolled less than half-time.

Number in college: _____

Please indicate your marital status:

- Single
- Married (only student in enrolled at least half time)
- Married (student and spouse both enrolled at least half time)

Do you have any dependents other than yourself and a spouse?

- Yes
- No

Were you (or your spouse) required to file a tax return during the tax year prior to the award year?

- Yes
- No

If you (or your spouse) filed a tax return, were you eligible to file an IRS Form 1040A, 1040EZ, or 1040TEL?

- Yes
- No

Estimated School Costs

Please enter the costs for a single year for each member of the household attending college:

	Household member #1	Household member #2	Household member #3
Name of School:			
Tuition:	\$	\$	\$
Fees:	\$	\$	\$
Room and board:	\$	\$	\$
Books and supplies:	\$	\$	\$
Transportation to/from home:	\$	\$	\$
Health insurance:	\$	\$	\$
Incidental expenses:	\$	\$	\$

Calculation A (2017 Untaxed Benefits) reports benefits that were not included in taxable income but which are counted during the need analysis process. These amounts will be added to taxable income:

Earned Income Credit (EIC):	\$
Additional child tax credit:	\$
Welfare Benefits, including Temporary Assistance for Needy Families (TANF). Do <u>not</u> include food stamps or subsidized housing:	\$
Untaxed Social Security benefits. Include SSI:	\$
Calculation A Total:	\$

Calculation B (2017 Tax-Deferred and Untaxed Income) reports income that was not included in taxable income but which is counted during the need analysis process. These figures are added back to the AGI, increasing the EFC and adding to taxable income:

Contributions to tax-deferred pension and savings plans. Include amounts paid directly or withheld from earnings. Include amounts reported on the W-2 Form in boxes 12a through 12d, codes D, E, F, G, H, and S:	\$
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh, and other qualified plans:	\$
Child support <u>received</u> for all children. Do not include foster care or adoption payments:	\$
Tax-exempt interest income:	\$
Foreign Income Exclusion:	\$
Untaxed portions of IRA distributions and pensions, excluding rollovers. If negative, enter a zero (0):	\$
Credit for Federal Tax on Special Fuels:	\$
Housing, food and living allowances paid to members of the military, clergy, and others. Include cash payments and cash value of benefits, including in-kind benefits:	\$
Veterans' non-education benefits such as Disability, Death Pension, Dependency & Indemnity Compensation (DIC), and VA Educational Work-Study allowances:	\$
Any other untaxed income or benefits not reported elsewhere in Calculations A or B, such as worker's compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, disability, and so on. Do not include student aid, Workforce Investment Act educational benefits, or benefits from flexible spending arrangements (e.g., cafeteria plans):	\$
Cash received, or any money paid on your behalf, not reported elsewhere in Calculation B:	\$
Calculation B Total:	\$

Calculation C (2017 Student Aid Included in AGI) focuses on certain types of taxable student aid income and credits that were included in AGI but which are not counted during the need analysis process. These amounts will be subtracted from taxable income, thereby increasing aid eligibility:

Education tax credits (Hope and Lifetime Learning Tax Credits):	\$
Child Support <u>paid</u> because of divorce or separation. Do <u>not</u> include support for children counted in your household size:	\$
Taxable earnings from Federal Work-Study and other need-based work programs. Include the need-based employment portions of fellowships and assistantships:	\$
Other taxable student grant and scholarship aid reported in adjusted gross income (AGI). This includes AmeriCorps awards (awards, living allowances, and interest accrual payments), as well as student grants and scholarships (only the amount that is taxable and was included in AGI, such as the amount in excess of qualified higher education expenses):	\$
Calculation C Total:	\$

Student Age as of December 31, 2018:	
State of legal residence:	
2017 Adjusted Gross Income (AGI). This appears on IRS Form 1040 (line 37), IRS Form 1040A (line 21) or IRS Form 1040EZ (line 4):	\$
2017 Federal Tax Paid. This is usually listed on the last line of the "Tax and Credits" section of the income tax return. Do not report the amount listed on the "Total Tax" or "amount you owe" lines. To specify zero tax paid, enter a zero (0):	\$
2017 Earned Income (Student). This can be obtained by adding Box 5 from your W-2 statements to either line A.4 or B.6 of Schedule SE:	\$
2017 Earned Income (Student's Spouse). This can be obtained by adding Box 5 from your spouse's W-2 statements to either line A.4 or B.6 of Schedule SE:	\$
Calculation A Total (2017 Untaxed Benefits):	\$
Calculation B Total (2017 Tax-Deferred & Untaxed Income):	\$
Calculation C Total (2017 Student Aid Included in AGI):	\$
Liquid Assets. This includes cash, savings accounts and checking accounts:	\$
Net Home Equity. This is the net value of the family's primary residence – the difference between the current market value and the outstanding balance owed on the mortgage. If you were to go to a bank and take out a home equity loan, this is the maximum amount you would be eligible to borrow, assuming the bank were to allow you to borrow against the full equity of your home:	\$
Net Worth Business or Farm. This includes the market value of equipment, machinery, inventory, livestock, land and buildings owned by the business. Do not report the value of rental real estate unless it is owned by a formally recognized business. Do not include the value of the farm if it is the family home (primary place of residence) and the family materially participates in the operation of the farm. Do not include the value of a small business that is owned and controlled by the family and which has 100 or fewer full-time equivalent employees. Report the market value, not the depreciated value. Subtract any debt for which the business or farm was used as collateral. Debt that is not secured by the business or farm (e.g., a home equity loan) may not be used to offset the market value of the business or farm. If the net worth is negative, enter a zero (0):	\$
Other Investments. This includes other real estate equity (excluding your primary place of residence) and the net worth of any investments (stocks, bonds, mutual funds, money market funds, certificates of deposit (CD), commodities, etc.). Report the value of any trust funds, even if access to principal and/or income is restricted. Report the value of investment real estate, including rental real estate, unless the real estate is owned by a formally recognized business. Do not include the value of the family's primary place of residence, retirement funds, pensions, life insurance policies, or annuities. Report the difference between the current balance or market value of the investments and any debts that are secured by those investments. Include Coverdell education savings accounts, section 529 college savings plans, and the refund value of prepaid tuition plans. (Report these savings plans as assets of the account owner, not the beneficiary. Savings plans owned by a dependent student are not reported as assets.) If the net worth is negative, report a zero (0):	\$
Outside Scholarships and Educational Resources. If the scholarship, grant, teaching assistantship, etc. is to be paid over multiple years, please specify the amount available during a single year. Resources include veteran's benefits and prepaid tuition plans:	\$

Experience & Goals

Please feel free to add extra pages if you need more space to answer any of the following questions.

Please provide examples of your commitment to dignity, integrity and service:

Please provide examples of your compassion for children with serious illness:

What are your career goals and future plans? Please include the setting and type of practice:

Agreement to Terms of Scholarship Award

I confirm that the information provided on this scholarship application form is correct. If I am awarded the scholarship, I give permission for Fairview Health Services to publish my name and hometown provided in the Demographic Information section, as well as information from the Experience & Goals section.

Signature of applicant

Date

2018 Recommendation Form: The Mark Cavanaugh Memorial Pediatric Nurse Practitioner Scholarship

Dear: _____

I am submitting an application to Fairview in consideration for their Mark Cavanaugh Memorial Pediatric Nurse Practitioner Scholarship. This application requires two (2) letters of recommendation. One letter must be from an immediate nursing supervisor. My application will not be considered without these recommendations.

*Would you please complete this recommendation form and return it to me in a sealed envelope? If you prefer, you may write a letter of recommendation instead of using this form. I must have my application materials to Fairview by **September 1, 2018**.*

Thank you for your assistance.

Sincerely,

Signature of applicant

Date

Name of applicant (please print)

Phone

How do you know the applicant?

How long have you known the applicant? _____

Please describe the applicant's talents and strengths:

Please describe the applicant's areas for improvement:

Continued...

Applicant Name: _____

Please rate the applicant on the following attributes using a 5-point scale where 5 = excellent, 4 = very good, 3 = good/average, 2 = fair and 1 = poor. Please select only one number for each category:

	5	4	3	2	1	unsure
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversity awareness/appreciation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflict management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment/follow-through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress/crisis management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork/collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adjust to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the following space to add any comments about the applicant's nursing skills, including their critical thinking abilities. You may include any other additional information that you feel would be helpful in evaluating this applicant for consideration for the scholarship. If you would prefer to submit a letter on business or school letterhead, please attach it to this form.

Signature

Date

Name (print)

Title

Address

Phone

E-mail

Thank you for taking the time to submit this recommendation. **Please return this form in a sealed envelope to the applicant or mail it directly to: Fairview Foundation, Attn.: Pam Chapman, Riverside Professional Building, Suite 119; 2450 Riverside Ave, Minneapolis, MN 55454.** If you have any questions, please contact Pam Chapman at 612-672-7715 or pchapma1@fairview.org.

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Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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