

Application for the Nursing Education Fund

_____ I wish to participate in the Paula Welford Nursing Legacy Education fund sponsored by the Engagement & Healthy Work Environment Council at Fairview Ridges Hospital. I have read and understand the guidelines of these funds.

Name: _____ Date: _____

Address: _____

Telephone: _____

Employment Record:

Unit: _____ Length of employment: _____

Position: _____ Hours per pay period: (.5 or >) _____

Education and training:

Name of school	Location	From/To
----------------	----------	---------

Vocational school: _____

College: _____

College currently enrolled in: _____

Are you accepted into the School of Nursing? _____ (required)

Please submit no more than 1 typewritten page addressing the following question:

Essay: How will your baccalaureate preparation for professional nursing impact your present/future nursing practice at Fairview Ridges Hospital?

Indicate any other factors you believe may be relevant to your application (optional):

List specific course to be included in your studies:

Course Title:	Credits	Cost	Dates of class
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This section to be completed by Nurse Manager:

I have reviewed the application for _____.

She/He meets the criteria for scholarship:

Works regularly scheduled hours

Meets employee behavioral expectations, positive attitude

Meet all mandatory and unit specific requirements

Is in no corrective action for the prior year.

AND

Believe he/she demonstrates behaviors of a positive/supportive work environment, possesses the communications skills or an effective learning environment, and is a customer service role model.

Manager's Signature: _____ Date: _____

Manager comments:

Send this form to Nursing Administration.