



## WILLIAM K. SCHUBERT M.D. MINORITY NURSING SCHOLARSHIP PROGRAM CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER

### 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 and in our community. **The program grants awards annually to assist with tuition and fees for persons who are preparing to be pediatric registered nurses that provide direct patient care.** These scholarships reflect a major commitment on the part of Cincinnati Children's 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.

<u>Degree</u>	<u>Maximum Scholarship Amount</u>	<u>Maximum Time for Full-Time Study</u>
Bachelor's	\$11,000	4 Years
Master's	\$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 nurses and nurses who are American Indian or Alaska Native, Appalachian, Black or African American, Hawaiian Native or other Pacific Islander, Hispanic or Latino, and any Asian including Chinese, Filipino, Japanese, Korean, Asian Indian, Thai, or Vietnamese/Southeast Asian.
- Student must be enrolled or accepted in a professional **bachelor's or master's** registered nurse program ,at an accredited school of nursing on a full-time or part-time basis.
- Student must be seeking **initial licensure** as a registered nurse in the State of Ohio.
- Student must have and maintain a minimum **GPA of 2.75**.
- If the student is a current Cincinnati Children's employee, he/she must **NOT** be eligible for benefits under the Medical Center's Tuition Reimbursement policy.

### Selection Process

Selections are made once per year and will be determined by the Scholarship Committee. The annual deadline for filing is April 30th. Selections are announced on or before August 1<sup>st</sup>. Scholarship recipients will be evaluated based on the contents of their application packet and the completion of one group interview.

### 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.
- We encourage nursing students and registered nurses to pursue employment opportunities with us.
- Persons should contact Nursing Recruitment and Retention at 1-877-636-0219, or [nurses4kids@cchmc.org](mailto:nurses4kids@cchmc.org).

## **Directions for Preparing an Application Packet**

Begin compiling your application early so all materials can be submitted in a **single envelope** for receipt on or before the April 30<sup>th</sup> deadline. The William K. Schubert Scholarship Committee will not consider incomplete or late applications. The committee will not accept additions to an application subsequent to its submission. Faxed or email applications will not be accepted.

The following items constitute a complete application package and must be submitted in a single packet. 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.** Must be fully completed, signed, and dated. Read the Certification section at the bottom of page 4 thoroughly and make sure you understand it. Without your signature and the date, your application will be disqualified.
2. **Transcript(s).** Photocopies are acceptable. Transcript printouts from the Web are only acceptable if they show the school's name, the student's name, the courses taken, and the grades awarded. As well, please 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 July 1st, to continue to be eligible for consideration. Your letter of acceptance or proof of enrollment may be faxed to Lynn Hall at (513) 636-2627.
3. **Essay.** Please see page 4 for details.
4. **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. Recommendation letters 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.
5. **Resume.** This document should summarize your education, work experience and extracurricular and community activities.

### **Additional Information**

- If you want a confirmation of receipt, you may include a self-addressed, stamped postcard in your packet.
- Current Cincinnati Children's employees should reference the Medical Center's Tuition Reimbursement policy.
- Questions related to this program should be directed to Lynn Hall, Human Resources, [lynn.hall@cchmc.org](mailto:lynn.hall@cchmc.org), 513-803-6073.

The William K. Schubert, M.D. Scholarship  
Human Resources, MLC 9008  
3333 Burnet Avenue  
Cincinnati, OH 45229



THE WILLIAM K. SCHUBERT, M.D. SCHOLARSHIP APPLICATION 2009

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

*\*If selected to receive a scholarship, it will be your responsibility to notify Lynn Hall of any changes in address and/or phone numbers\**

**Newly Graduating High School Seniors:**

High School: \_\_\_\_\_

High School GPA: \_\_\_\_\_

College Attending: \_\_\_\_\_ College GPA: \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Full Time

Part Time

I am working towards the following degree in Nursing: (check one)

Bachelor's Degree

Master's Degree

Anticipated Graduation Date: \_\_\_\_\_

How did you learn about the William K. Schubert scholarship?

With which nursing minority group do you identify?

Male

American Indian or Alaskan Native

Appalachian

Black or African American

Hawaiian Native/Pacific Islander

Hispanic or Latino

Asian

**The William K. Schubert, M.D. Scholarship Application 2009 – continued**

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

1. What long-range personal, educational, and professional goals have you set for yourself? Why did you choose them? How will you accomplish them? Why did you choose nursing as a profession?
2. When we review your scholarship application, we will be looking for unique qualifications and experiences. Please identify your special talents or demonstrate your creativity. You may want to describe an incident or experience that demonstrates your leadership ability, give the details of a project you completed, or write an essay on any topic that you feel will help us learn more about you.
3. To what extent are you able to pay your college expenses through work? How has your work experience contributed to your personal development?

List organizations and activities in which you hold or have held leadership positions. Please list three in chronological order.

	YEAR	ORGANIZATION	OFFICE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**CERTIFICATION**

I agree that the acceptance of the William K. Schubert, MD 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 2.75 GPA 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 the Cincinnati Children's Hospital Medical Center (CCHMC). I understand that I cannot be eligible for both the William K. Schubert MD Scholarship and benefits under the Medical Center'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 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

Please send your application packet to:  
**Cincinnati Children's Hospital Medical Center**  
**The William K. Schubert, M.D. Scholarship Program**  
**Human Resources, MLC 9008**  
**Attention: Lynn Hall**  
**3333 Burnet Avenue**  
**Cincinnati, OH 45229-3039**

For questions, contact Lynn Hall at 513-803-6073 or email [lynn.hall@cchmc.org](mailto:lynn.hall@cchmc.org)