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.

<table>
<thead>
<tr>
<th>Degree</th>
<th>Maximum Scholarship Amount</th>
<th>Maximum Time for Full-Time Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor’s (prelicensure)</td>
<td>$11,000</td>
<td>4 Years</td>
</tr>
<tr>
<td>Master’s (prelicensure)</td>
<td>$5,500</td>
<td>2 Years</td>
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</tbody>
</table>

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 with our electronic form or by email. 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, nor additions to an application after its submission.

The following items constitute a complete application package and must be attached on this electronic form or submitted in a packet attached to a single email. Do not include additional materials (e.g. photographs).

1. **Application Form:** The application form must be fully completed, signed, and dated. Read the Agreement at the end of the application thoroughly and make sure you understand it. Without your signature and the date, your application will be disqualified.

2. **Transcript(s):** Photocopies or 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 Diversity@cchmc.org for receipt by June 1 to continue to be eligible for consideration.

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 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.

5. **Résumé:** This document should summarize your education, work experience, and extracurricular/community activities.

6. **Essay:** Please submit an essay that answers the following questions using no more than 750 words:
   - What long-term personal, educational, and professional goals have you set for yourself? Why did you choose them and how will you accomplish them?
   - Why have you chosen nursing as a profession and, if applicable, a focus in pediatrics?
   - How has your work experience to-date contributed to your personal development?
   - How has one or more aspect(s) of your identity (ex. culture, race, ethnicity, gender identity, religion, family structure, etc.) contributed to your life experiences? Or 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?
   - 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?

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: preferably in PDF or Word document file formats)

For further questions about the scholarship or application process, please contact Diversity@cchmc.org.
APPPLICANT INFORMATION

First Name: ___________________________ Last Name: ___________________________ Date of Birth: ____________

Preferred Name (If different from above): ___________________________ Main Phone: ___________________________

Address: __________________________________________ Secondary Phone: ___________________________

City: ___________________________ State: _______ Zip: _______ Gender Identity : ______________

Email Address: __________________________________________ Preferred Pronouns: ___________________________

Secondary Email Address (if applicable): ___________________________

Are you of Hispanic, Latino/a, or Spanish origin?

☐ No, not of Hispanic, Latino/a, or Spanish origin  ☐ Yes, Cuban

☐ Yes, Mexican, Mexican American, Chicano  ☐ Yes, another Hispanic, Latino/a, Spanish origin

☐ Yes, Puerto Rican

Please provide your race(s) and origin(s) to the best of your knowledge (select all that apply):

☐ American Indian or Alaskan Native — If selected, please describe origin(s) (for example, Aztec, Blackfeet Tribe, Mayan, Native Village of Barrow Inupiat Traditional Government, Navajo Nation, Nome Eskimo Community, etc.)

☐ Asian — If selected, please describe origin(s) (for example, Cambodian, Chinese, Filipino, Hmong, Japanese, Korean, Pakistani, Vietnamese, etc.)

☐ Black or African American — If selected, please describe origin(s) (for example, African American, Ethiopian, Haitian, Jamaican, Nigerian, Somali, etc.)

☐ Native Hawaiian or Pacific Islander — If selected, please describe origin(s) (for example, Chamorro, Fijian, Marshallese, Native Hawaiian, Samoan, Tongan, etc.)

☐ White or Caucasian — If selected, please describe origin(s) (for example, Caucasian American, Egyptian, English, German, Irish, Italian, Lebanese, etc.)

☐ Other Race — Please describe race or origin(s)

Will you now or in the future require sponsorship for employment visa status?  ☐ Yes  ☐ No

Are you legally authorized to work in the United States?  ☐ Yes  ☐ No
William K. Schubert Minority Nursing Scholarship
2021 Application (continued)

SCHOOL INFORMATION

What best describes your current level of education?
- Some High School
- 2 Years of College (Bachelor's)
- Some Graduate School
- Graduated High School
- 3 Years of College (Bachelor's)
- Completed Graduate Degree
- 1 Year of College (Bachelor's)
- Completed Bachelor's Degree

High School Name: ____________________________

At what college/university will you be pursuing your nursing degree? ____________________________

College/university student ID (if available): ____________ Current Cumulative GPA: ____________

What nursing degree are you current working toward?  ☑ BSN  ☐ MSN  ☐ Dual Degree

Will you be attending school full-time or part-time?  ☑ Full-Time  ☐ Part-Time

When are you expecting to graduate from this nursing degree?
Year: ____________  Semester:  ☐ Spring  ☐ Summer  ☐ Fall

SCHOLARSHIP INFORMATION

What other financial assistance or scholarships do you receive / will be receiving, if applicable? ______

________________________________________________________________________________________

________________________________________________________________________________________

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

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 ____________________________