

**Do you have the HEART and DRIVE
it takes to make a difference
through a health care career?**

The work isn't easy, but the rewards last a lifetime
and help improve the quality of life for others.

Nebraska's hospitals are dedicated to improving the health
and well-being of their patients and their communities.
Providers are privileged to improve the health and welfare
of every person that is within their reach, invest in the future
of health care's workforce and serve the health needs
of the communities of Nebraska.



Health Care Career Scholarship Program



NHA Nebraska
Hospital
Association
RESEARCH AND EDUCATIONAL FOUNDATION

3255 Salt Creek Circle, Suite 100
Lincoln, NE 68504-4778
(402) 742-8140 • Fax: (402) 742-8191
Laura J. Redoutey, FACHE, President
www.nhanet.org

NHA Nebraska
Hospital
Association
RESEARCH AND EDUCATIONAL FOUNDATION

Health care is a growing and technologically advanced industry. Hospitals across the country, especially in rural states like Nebraska, are experiencing a severe shortage of health care professionals. There are more than 100 different health care professions and it is one of the fastest growing fields of occupation. *Put your career aspirations within reach and apply for a scholarship.*

Graduate Studies Tuition Aid Program

These scholarships are awarded to students pursuing a graduate degree in health care administration at an accredited academic institution in Nebraska, Iowa, Kansas, Minnesota, Missouri, North Dakota, South Dakota or an accredited institution offering online degree programs. The purposes of the scholarships are to assist with tuition and academic expenses in the form of individual awards up to \$3,000 for an academic year. CEO candidates are preferred. All applicants must be employed by a member hospital of the Nebraska Hospital Association. Scholarships are limited to no more than one recipient from the same hospital. Scholarship payments are made directly to the educational institution.

Undergraduate Health Care Career Scholarship Program

Considering the importance and complexities of high-quality health care in today's society, it is critical for bright, talented people to be encouraged to pursue professions in the field. With that in mind, the NHA Research and Educational Foundation offers the Undergraduate Health Care Career Scholarship Program, designed for students interested in health care careers. These scholarships support the future leaders in their efforts to earn a high-quality education. These scholarships are available to any student enrolled in an accredited program leading to registration, licensure or a clinical laboratory science degree. Some of the approved programs include, but are not limited to: Registered Nursing, Radiological Technology, Clinical Medical Technology or Physical Therapy. Recipients will receive \$1,000 for the academic year. All applicants must be employed by a member hospital of the Nebraska Hospital Association to be eligible. Scholarships are limited to no more than one recipient from the same hospital. Scholarship payments will be made directly to the educational institution.

NHA Research and Educational Foundation

The NHA Research and Educational Foundation is the charitable arm of the Nebraska Hospital Association. Funds raised by the Foundation help to accomplish the charitable care objectives of the Association and provide resources for enhanced patient care and education.

Gifts made by individuals, hospitals, families, corporations, foundations and other organizations to the NHA Research and Educational Foundation play a vital role in fulfilling the Nebraska Hospital Association's mission.

You may log on to the NHA Web site at www.nhanet.org to download an application form.

For more information, contact:

Jon Borton, Vice President, Educational Services
NHA Research and Educational Foundation
3255 Salt Creek Circle, Suite 100
Lincoln, NE 68504-4778
Phone: (402) 742-8147
Fax: (402) 742-8191
E-mail: jborton@nhanet.org



**It takes a SPECIAL
person to answer
the call to enter a
health profession —
someone whose
medical knowledge
and SKILLED HANDS**

**bring HEALING and
HOPE when they are
needed the most.**



Frequently Asked Questions

Question:

Are the children of NHA member hospital employees eligible?

Answer:

No. The individual applying for the scholarship must be the one employed by the NHA member hospital.

Question:

I am planning on starting classes in the fall. Am I still eligible?

Answer:

Yes, if you have been accepted by the institution and are enrolled in a program.

Question:

Am I eligible if I am taking a single course?

Answer:

This scholarship is intended for completing coursework that results in achieving a degree. You would be eligible if this single course would result in receiving a degree, and the fee is not significantly less than the scholarship award amount.

Question:

I am not employed by an NHA member hospital, but the hospital's clinic. Am I still eligible?

Answer:

Yes, if the clinic is owned by the hospital.

NHA Research and Educational Foundation Health Care Scholarship Program

APPLICATION CHECKLIST

Application Deadline: Postmarked by 4:30 p.m., Friday, May 21, 2010

NOTE: All documents submitted must be originals. Faxed or e-mailed documents will not be accepted. It is recommended that you retain a copy of the completed application, including the attachments, for your records.

Indicate which scholarship you are applying for:

- Graduate Studies Tuition Aid Program
 Undergraduate Health Care Career Scholarship Program

COMPLETE

COMPONENTS

	Currently employed at an NHA member hospital. (Required for eligibility.)
	All sections of the three-page application completed. (Originals)
	Enrollment section completed and signed by a school representative.
	Application signed and dated.
	Personal Statement enclosed reflecting personal reason(s) for choosing health care as a profession, including professional goals.
	Extracurricular, community, or health care activities provided.
	Three two-page reference forms, enclosed in sealed envelopes.

It is the applicant's responsibility to ensure that all components of the NHA Research and Educational Foundation scholarship application process are complete. The checklist is provided to assist the applicant. *Failure to submit a completed application may result in the application being deemed ineligible or in a reduction of points when scored.*

Sign, date, and return the completed checklist with the application and reference forms.

Printed Name of Applicant:

Applicant Signature:

Date:

Mail checklist, application and three reference forms to:

Jon Borton, Vice President, Educational Services
 Nebraska Hospital Association
 3255 Salt Creek Circle, Suite 100
 Lincoln, NE 68504-4778

No staples, please.
 No special binding or folder is necessary.



NHA Research and Educational Foundation Health Care Scholarship Program

APPLICATION FORM

Application Deadline: Postmarked by 4:30 p.m., Friday, May 21, 2010

The NHAREF Scholarship is a competitive process and all eligible applications will be evaluated against a standardized scoring system. All eligible applicants may not receive funding. It is the applicant's responsibility to ensure all components of the application are complete. Please refer to the application checklist.

Please print or type

SCHOLARSHIP SELECTION

Graduate Studies Tuition Aid Program (specify program) _____

Undergraduate Health Care Career Scholarship Program

Indicate the undergraduate program in which you are enrolled or to which you have been accepted:

- | | |
|--|---|
| <input type="checkbox"/> Clinical Laboratory Scientist/Medical Technologist (MT) | <input type="checkbox"/> Nurse Anesthetist (CRNA) |
| <input type="checkbox"/> Clinical Laboratory Technician/Medical Lab Technician (MLT) | <input type="checkbox"/> Nursing (BSN) |
| <input type="checkbox"/> Health Information Technician (RHIT) | <input type="checkbox"/> Pharmacist (Pharm.D) |
| <input type="checkbox"/> Nursing (LPN/RN) | <input type="checkbox"/> Physical Therapist (PT) |
| <input type="checkbox"/> Occupational Therapist (OT) | <input type="checkbox"/> Registered Radiological Technologist Discipline (RT) |
| <input type="checkbox"/> Pharmacy Technician | <input type="checkbox"/> Speech/Language Therapist |
| <input type="checkbox"/> Pre-Med | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Respiratory Therapist (RRT) | |
| <input type="checkbox"/> Surgery Technician | |

Name (Last, First, Middle Initial)	Social Security Number
Telephone Number	Email
Current Mailing Address	City, State, ZIP
Permanent Mailing Address	City, State, ZIP
Where do you want scholarship correspondence sent? (check all that apply)	
<input type="checkbox"/> Email <input type="checkbox"/> Current Address <input type="checkbox"/> Permanent Address	

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 Other: _____

College/University attended and location:	Dates Attended:	Hours:	Graduation Date:	Degree Earned:
College/University attended and location:	Dates Attended:	Hours:	Graduation Date:	Degree Earned:

If additional space is needed, please attach a separate sheet.

Have you been awarded an NHA scholarship before? No Yes If yes, what year(s)? _____

NHA Research and Educational Foundation Health Care Scholarship Program

APPLICATION FORM

Application Deadline: Postmarked by 4:30 p.m., Friday, May 21, 2010

ENROLLMENT			
Applicant Name			
<i>This section is to be fill out <u>completely</u> and signed by a representative of the health profession program of acceptance.</i>			
Name of Educational Institution, Address, City, State, ZIP (include address of where to send scholarship award monies)			
Name of Contact Person		Title of Contact Person	Telephone Number
Academic Year Applied For	Student's Current Year in Program	Program Start Date	Projected Graduation Date
<i>I certify that the applicant is enrolled and in good standing or has been accepted for enrollment. Additional information deemed necessary will be provided to the Nebraska Hospital Association Research and Educational Foundation upon request.</i>			
Signature of School Representative		School or Notary Stamp (if available)	
Title			
CLOSEST LIVING RELATIVE RESIDING N THE U.S., BUT NOT IN THE HOME (if none, a U.S. contact)			
Name (Last, First, Middle Initial)			
Address, City, State, ZIP			
EMPLOYMENT			
I am employed at a NHA member hospital * <input type="checkbox"/> Yes <input type="checkbox"/> No (Ineligible)		Start Date	
Complete Name and Address of Employer		Employer Telephone Number	
Name and Title of Supervisor		Do you plan to remain with this employer after graduation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

* Log on to http://www.nhanet.org/resources/hospital_members.htm to view a list of NHA member hospitals.

APPLICATION FORM

Application Deadline: Postmarked by 4:30 p.m., Friday, May 21, 2010

PERSONAL STATEMENT AND ADDITIONAL INFORMATION

Please attach a typewritten personal statement, not to exceed 300 words, about your career aspirations, goals, and your decision to work in the health care field.

Submit extracurricular, community or health care activities. Indicate the scope of each activity and your level of participation. Note: It is important for the selection committee to have this information from all participants.

How did you learn about the NHAREF Health Care Scholarship Program?

Hospital School Web site Newspaper Other, please specify _____

APPLICANT

Mail the original completed application to Nebraska Hospital Association Research and Educational Foundation (NHAREF), 3255 Salt Creek Circle, Suite 100, Lincoln, NE 68504-4778. No stapling, special binding or folder is necessary.

Applications must be postmarked by 4:30 p.m. on Friday, May 21, 2010. Failure to submit a completed application may result in the application being deemed ineligible or in a reduction of points when scored. Questions regarding the application and selection process should be directed to Jon Borton, VP, Educational Services, at jborton@nhanet.org or call (402) 742-8147.

I certify that the information contained in this application is true, complete and correct to the best of my knowledge, and that all funds will be used for tuition expenses and academic fees in the current academic year. I hereby authorize the release of personal, scholastic, and financial information related to my educational status from any academic institution I have attended in the past and any academic institutions in which I am enrolled currently or may have been enrolled as a future student, to the NHAREF Scholarship Program.

I understand that if this scholarship from the Nebraska Hospital Association Research and Educational Foundation (NHAREF) is accepted, that I agree to the following:

I agree to work for one year in a Nebraska Hospital Association (NHA) member hospital. That one year period will occur immediately upon completion of the degreed program for which the scholarship was awarded.

IMPORTANT: Noncompliance with any of the criteria will result in scholarship recipient's full or partial forfeiture of the scholarship funds.

Signature of Applicant

Date

I authorize _____ do not authorize _____ (check one) NHAREF to release my name, hometown, and course of study to Nebraska Hospital Association-member facilities that may be interested in potential candidates in my chosen health profession.

Signature of Applicant

Date

REFERENCE FORM #1

Application Deadline: Postmarked by 4:30 p.m., Friday, May 21, 2010

I. TO BE COMPLETED BY APPLICANT

Please use this form for submitting your references. Three (3) references (separate forms are attached) are required, including at least one reference from a Chief Executive Officer or direct supervisor. References should not include family members. Please remind your references to return this form to you as soon as possible. The application deadline is postmarked by 4:30 p.m. on Friday, May 21, 2010.

Complete this portion of the form and then provide it to your reference for completion, and return to you. You may want to provide your reference with a self-addressed, stamped envelope. Enclose the returned reference form in its sealed envelope with your application.

Printed Applicant Name	Social Security Number
------------------------	------------------------

Printed Name of Reference

II. RELEASE OF ACCESS TO THIS LETTER OF RECOMMENDATION

The applicant must complete and sign the following statement before submitting this form to the reference. This request is in compliance with Federal Law P.L. 93-380 (Family Educator Rights and Privacy Act of 1974.)

I waive my right to access this letter of recommendation.
 I do not waive my right to access this letter of recommendation.

Signature of Applicant

III. SUMMARY SHEET TO BE COMPLETED BY THE REFERENCE

Instructions for person making the recommendation:

- Review sections I and II to ensure the applicant has provided the necessary information.
- Complete the remainder of the form.
- Place the completed recommendation in an envelope and seal. Return the form to the applicant. The applicant will return the sealed envelope with his or her application.

How well do you know the applicant?
 Very well Fairly well Minimally Unknown

How long have you known the applicant? _____ (days, months, years)

Identify the associations you have had with the applicant. Check all that apply.

Instructor Employer/supervisor Friend Co-worker

Community Organization Academic Advisor Other _____

NHA Research and Educational Foundation Health Care Scholarship Program

REFERENCE FORM #1

Application Deadline: Postmarked by 4:30 p.m., Friday, May 21, 2010

Name of Applicant:

Please rate the applicant's achievement and potential by entering an "X" in the appropriate spaces below.

Skill	Exceptional	Above Average	Average	Below Average	Note Able to Respond
Decision-making ability					
Organizational skills					
Communication skills: • Written • Oral					
Adaptability to stress					
Positive attitude					
Integrity					
Interpersonal sensitivity					
Leadership ability					
Ability to commit to: • Goals • Persons					

In addition to the ratings, please give your evaluation of the applicant. It is important that you complete this section. You may want to include your perceptions of the applicants strengths and limitations.

My recommendation is: Highly recommend Recommend Do not recommend

Signature of Person Making Recommendation _____ Date _____

Printed Name _____ Business Name and Title (if applicable) _____

Address, City, State, ZIP _____

Work Telephone Number _____ Home Telephone Number _____

REFERENCE FORM #2

Application Deadline: Postmarked by 4:30 p.m., Friday, May 21, 2010

I. TO BE COMPLETED BY APPLICANT

Please use this form for submitting your references. Three (3) references (separate forms are attached) are required, including at least one reference from a Chief Executive Officer or direct supervisor. References should not include family members. Please remind your references to return this form to you as soon as possible. The application deadline is postmarked by 4:30 p.m. on Friday, May 21, 2010.

Complete this portion of the form and then provide it to your reference for completion and return to you. You may want to provide your reference with a self-addressed, stamped envelope. Enclose the returned reference form in its sealed envelope with your application.

Printed Applicant Name	Social Security Number
------------------------	------------------------

Printed Name of Reference

II. RELEASE OF ACCESS TO THIS LETTER OF RECOMMENDATION

The applicant must complete and sign the following statement before submitting this form to the reference. This request is in compliance with Federal Law P.L. 93-380 (Family Educator Rights and Privacy Act of 1974.)

- I waive my right to access this letter of recommendation.
- I do not waive my right to access this letter of recommendation.

Signature of Applicant

III. SUMMARY SHEET TO BE COMPLETED BY THE REFERENCE

Instructions for person making the recommendation:

- Review sections I and II to ensure the applicant has provided the necessary information.
- Complete the remainder of the form.
- Place the completed recommendation in an envelope and seal. Return the form to the applicant. The applicant will return the sealed envelope with his or her application.

How well do you know the applicant?
 Very well Fairly well Minimally Unknown

How long have you known the applicant? _____ (days, months, years)

Identify the associations you have had with the applicant. Check all that apply.

Instructor Employer/supervisor Friend Co-worker

Community Organization Academic Advisor Other _____

NHA Research and Educational Foundation Health Care Scholarship Program

REFERENCE FORM #2

Application Deadline: Postmarked by 4:30 p.m., Friday, May 21, 2010

Name of Applicant:

Please rate the applicant's achievement and potential by entering an "X" in the appropriate spaces below.

Skill	Exceptional	Above Average	Average	Below Average	Note Able to Respond
Decision-making ability					
Organizational skills					
Communication skills:					
• Written					
• Oral					
Adaptability to stress					
Positive attitude					
Integrity					
Interpersonal sensitivity					
Leadership ability					
Ability to commit to:					
• Goals					
• Persons					

In addition to the ratings, please give your evaluation of the applicant. It is important that you complete this section. You may want to include your perceptions of the applicants strengths and limitations.

My recommendation is: Highly recommend Recommend Do not recommend

Signature of Person Making Recommendation _____ Date _____

Printed Name _____ Business Name and Title (if applicable) _____

Address, City, State, ZIP _____

Work Telephone Number _____ Home Telephone Number _____

REFERENCE FORM #3

Application Deadline: Postmarked by 4:30 p.m., Friday, May 21, 2010

I. TO BE COMPLETED BY APPLICANT

Please use this form for submitting your references. Three (3) references (separate forms are attached) are required, including at least one reference from a Chief Executive Officer or direct supervisor. References should not include family members. Please remind your references to return this form to you as soon as possible. The application deadline is postmarked by 4:30 p.m. on Friday, May 21, 2010.

Complete this portion of the form and then provide it to your reference for completion and return to you. You may want to provide your reference with a self-addressed, stamped envelope. Enclose the returned reference form in its sealed envelope with your application.

Printed Applicant Name	Social Security Number
------------------------	------------------------

Printed Name of Reference

II. RELEASE OF ACCESS TO THIS LETTER OF RECOMMENDATION

The applicant must complete and sign the following statement before submitting this form to the reference. This request is in compliance with Federal Law P.L. 93-380 (Family Educator Rights and Privacy Act of 1974.)

I waive my right to access this letter of recommendation.
 I do not waive my right to access this letter of recommendation.

Signature of Applicant

III. SUMMARY SHEET TO BE COMPLETED BY THE REFERENCE

Instructions for person making the recommendation:

- Review sections I and II to ensure the applicant has provided the necessary information.
- Complete the remainder of the form.
- Place the completed recommendation in an envelope and seal. Return the form to the applicant. The applicant will return the sealed envelope with his or her application.

How well do you know the applicant?
 Very well Fairly well Minimally Unknown

How long have you known the applicant? _____ (days, months, years)

Identify the associations you have had with the applicant. Check all that apply.

Instructor Employer/supervisor Friend Co-worker
 Community Organization Academic Advisor Other _____

NHA Research and Educational Foundation Health Care Scholarship Program

REFERENCE FORM #3

Application Deadline: Postmarked by 4:30 p.m., Friday, May 21, 2010

Name of Applicant:

Please rate the applicant's achievement and potential by entering an "X" in the appropriate spaces below.

Skill	Exceptional	Above Average	Average	Below Average	Note Able to Respond
Decision-making ability					
Organizational skills					
Communication skills:					
• Written					
• Oral					
Adaptability to stress					
Positive attitude					
Integrity					
Interpersonal sensitivity					
Leadership ability					
Ability to commit to:					
• Goals					
• Persons					

In addition to the ratings, please give your evaluation of the applicant. It is important that you complete this section. You may want to include your perceptions of the applicants strengths and limitations.

My recommendation is: Highly recommend Recommend Do not recommend

Signature of Person Making Recommendation _____ Date _____

Printed Name _____ Business Name and Title (if applicable) _____

Address, City, State, ZIP _____

Work Telephone Number _____ Home Telephone Number _____