

MILDRED ENGEL NURSE SCHOLARSHIP APPLICATION
HERITAGE MANOR SKILLED NURSING & REHABILITATION
of the
YOUNGSTOWN AREA JEWISH FEDERATION
517 GYPSY LANE
YOUNGSTOWN, OHIO 44504
Phone: (330) 746-1076
Fax: (330) 743-3115

For individual(s) needing a scholarship to secure an associate or baccalaureate degree in nursing. Recipients are subject to the following criteria:

- Maintain a residency radius of 60 miles of Youngstown
- ONE of the following

Recipient will be required to work at least three (3) eight (8) hours shifts per month while attending school in a desired capacity (i.e., RN, LPN, or STNA). Heritage Manor will train STNAs for one year; two years if total awarded amounts are greater than \$10,000. Recipients will be paid a wage in addition to the scholarship.

Recipient must work for Heritage Manor as an RN, ideally as a full time RN but at least as a PRN RN for three (3) shifts per month, for at least one year for any amount awarded up to \$8,000; At least two years for amounts above \$10,000 unless released from the commitment by Heritage Manor due to no available role. If the recipient does not fulfill this requirement, they must pay back the scholarship (per previously established terms).

Recipient is subject review until the approved yearly scholarship fund amounts are exhausted, resetting each June 1.

SCHOLARSHIP LOAN APPLICATION FORM **Year Applying:** _____

(Must be completed and returned by deadline date: June 1, _____)

Letter summarizing goals and financial need by June 1, _____

APPLICANT:

Name: _____ SSN# (Optional): _____

Address: _____

Phone: _____ Age: _____ Sex: _____ Marital Status: () Single

Children: yes no Ages: _____ () Married

NURSING SCHOOL:

2 year associate degree program or 4 year baccalaureate program

Name of School: _____

Address: _____

PRIOR NURSING SCHOOLS OR UNIVERSITIES (if applicable)

_____ Dates attended:_____

_____ Dates attended:_____

REQUIREMENTS:

Pell Grant Report: () Yes () No Date Received:_____

Other Grants or Loans Received:_____

Amount Requested:_____ (instructional and technical fees; book costs)

Please submit the following and mail to the address above by June 1:

- | | | |
|--------------------------------|---------------------------------|------------|
| (1) Work Reference letter | (1) Scholastic Reference letter | (1) Resume |
| (1) Character Reference letter | (1) Official Transcript | |

****NOTE: APPLICANT MUST BE ACCEPTED INTO AN ACCREDITED RN PROGRAM
AND MUST REAPPLY EACH YEAR FOR SCHOLARSHIP FUNDS BY JUNE 1.**

Applicant's Signature:_____