

## **BELLVILLE HOSPITAL FOUNDATION'S**

### **SCHOLARSHIP PROGRAM POLICY**

This scholarship *opportunity* is open to all **Bellville Medical Center (BMC)** employees desiring to *advance their education in a healthcare area, acquire specific training, or obtain continuing education credit*. This scholarship program has a *primary focus on Needed Skills at BMC*. Discuss your professional goals with your supervisor. When do you start? What is the cost? Where is the training available? Can you meet your BMC responsibilities and achieve your educational goals during the same time frame? Candidates must commit up to a two-year retention time at BMC following the end of the scholarship.

Up to **\$10,500** may be available for up to 24-month programs. Once the **Foundation Board** approves the *Scholarship Application*, the first semester funds are sent to the institution's *Business Office*, providing the education or training.

- *The institution's Business Office provides the student tax information by generating an IRS Form 1098-T, Tuition Statement. Recipients of our scholarships should consult their tax advisor to understand the ramifications of their filing an educational tax credit and the need, if any, to file the 1098-T.*

**Deadline: December 1st for the following year's summer, fall, or spring semester.**

**Procedures:** To be eligible for scholarship funds, you should be an employee of **BMC** for at least 12 months, *in good standing* (no disciplinary action/notice), and you must submit the following:

- 1) Completed **Scholarship Application Form**.
- 2) **Letter of recommendation** from your supervisor.
- 3) **Expectations of grades - you should maintain an overall 3.0 or above in your coursework to continue receiving Foundation Scholarship funds. The Foundation funds only one semester at a time. Coordination with the Hospital Foundation is essential as you approach the end of each semester. Confirm that your overall grades are 3.0 or above.**
- 4) **Letter of acceptance and degree plan** from the college or institution you plan to attend. An acknowledgment from the college states what local scholarships you may be eligible for and the award amount. The college's complete mailing address, phone number, and names of the Business Office manager and program director are needed.
- 5) Be able to maintain your current position at the hospital and follow the study program **on your own time**.
- 6) A one-page informal essay to the **Bellville Hospital Foundation Board** on why you desire this additional training. Include your employment plans following this scholarship award. Explain how your goals successfully match those of **BMC**. What are your long-term goals?
- 7) All scholarship recipients will send a monthly e-mail reporting their academic status in their program. The e-mail goes to Jennifer Brandes ([jbrandes@bellvillemc.org](mailto:jbrandes@bellvillemc.org)), the Director of Physical Therapy, with a copy to Dr. Wayne Hall ([214wwhall@gmail.com](mailto:214wwhall@gmail.com)), Bellville Hospital Foundation, Operations Chair. This e-mail is due on or before the first day of every month during the scholarship period.

**BELLVILLE HOSPITAL FOUNDATION**  
**SCHOLARSHIP APPLICATION FORM**

APPLICATION DATE: \_\_\_\_\_

APPLICATION DEADLINE IS DECEMBER 1<sup>ST</sup>

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

Work Status: Full-Time      Part-Time

Phone Number: \_\_\_\_\_

e-Mail: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

How long have you been employed at Bellville Medical Center: \_\_\_\_\_ years \_\_\_\_\_ months

Name of Supervisor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Have you ever received any disciplinary action/notice(s):      YES      NO

NAME OF COLLEGE OR TRAINING SITE AND PROGRAM INFORMATION:

Name of Program/Field of Study focus: \_\_\_\_\_

Will you receive a certificate upon completion:      YES      NO

What will the certificate allow you to do? \_\_\_\_\_

How long is this program? \_\_\_\_\_ Amount of funds requested. \_\_\_\_\_

What is the anticipated graduation date or program completion date? \_\_\_\_\_

Will you need to take a state board exam to be licensed or certified to practice?      YES      NO

Name of College or Training Site: \_\_\_\_\_

Business Office Manager's name, phone # and e-mail Address: \_\_\_\_\_

Business Office Mailing Address: \_\_\_\_\_

Business Office Phone Number: \_\_\_\_\_

Program Director's Name, phone #, and e-mail Address: \_\_\_\_\_

**SCHOLARSHIP PRESENTATION**

**BMC** employees interested in applying must contact *Jennifer Brandes, Physical Therapy Department* BMC's scholarship monitor will e-mail a completed **Scholarship Application Form** to the *Operations Chair of the Bellville Hospital Foundation at [214wwHall@gmail.com](mailto:214wwHall@gmail.com)* no later than December 31st. Unless the applicant hears otherwise, schedule their workday for the second Tuesday of January to allow for a 4:00 PM meeting in the Board Room of the FNB of Bellville with the *Hospital Foundation's* entire Board of Directors. While the Board Member will be familiar with the application, be prepared to present a brief overview of your request. Focus on how this training benefits the Bellville Medical Center and yourself. The applicant will be

told if their request is approved. If approved, a *Certificate of Award* confirming the scholarship and a photo of the ceremony will be for the local newspapers. Applicants are required to sign a photo release for local newspapers publication.

## **Bellville Hospital Foundation**

### ***General Timeline on the Scholarship Program***

*Bellville Medical Center* will advertise in-house, including Sealy, during October and November. Anyone seeking this scholarship program must understand that there is a two-month window during which they may apply. When considering their educational plans, applicants must look at the summer and fall semester(s) of one year and the following year's spring and summer term(s). We expect serious applicants to map out what the program requires in dollars and time, then apply that knowledge to the application process. BMC will prioritize the various requests in December. Submit the applications by December 1<sup>st</sup> to the Bellville Hospital Foundation Operation's Chair (BHFOC).

#### ***BEFORE THE:***

**First Tuesday of January**, confirm all information requested by the application is completed. Applicants must provide funding information by each semester's projected costs. How many courses will they take each semester? Are any other available scholarships at the college? The college or training site can provide this projected data. The Operations Chair will confirm the colleges' desired method of receiving scholarship funds. It appears that each college has its unique way of handling such funds. All applications are then presented to the **Foundation's Executive Board** to discuss applications and the funding request submitted to the **Foundation Board of Directors**.

**Second Tuesday of January**, all applicants are presented to the full **Foundation Board** for final approval. We follow the present policy of applicants appearing in person, addressing the Board, the Foundation Board votes. The award is made; paperwork signed (scholarship agreement, photo release) with a photo op for all newspapers.

***The Operations Chair will be responsible for providing an Annual (Calendar year) Report to the entire Board in November. This Report will cover each applicant's progress under the above guidelines. If the Scholarship Program requires changes, the Foundation Board discusses needed changes.***