

FRANK R HOWARD FOUNDATION  
HOWARD MEMORIAL HOSPITAL MEDICAL STAFF

**NURSING SCHOLARSHIP  
APPLICATION FORM**

FOR CURRENT EMPLOYEES OF HOWARD MEMORIAL HOSPITAL

Name:
Street Address:
City, State, Zip:
Phone:
Email:
Current Job Title at Howard Memorial Hospital:
Social Security Number:
Currently Enrolled at:
Expected Date of Graduation:

Please write a letter (essay) that includes:

1. Reason for furthering your career in the nursing field
2. What your goals and employment objectives will be at Howard Memorial Hospital, once you graduate and are licensed
3. Any pertinent personal information you wish to add

Please provide a copy of enrollment or acceptance from the Mendocino College Nursing Program.

Please return this form, your essay, enrollment verification, and the attached Scholarship Agreement signifying your 12-month commitment to work at Howard Memorial Hospital to:

Frank R Howard Foundation  
3 Marcela Dr., Suite A  
Willits, CA 95490

Please sign all documents as requested. After review of your application, you will be scheduled for an interview by our scholarship committee. After your interview, you will be notified of the scholarship committee's decision, either by phone or by letter. Scholarship winners may be asked to be photographed for the local newspaper.

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**NURSING SCHOLARSHIP PROGRAM**

**FOR CURRENT EMPLOYEES OF HOWARD MEMORIAL HOSPITAL**

**Policy Summary/Intent:**

To promote educational opportunities for conversion to greater licensure in the field of nursing for Howard Memorial Hospital (“HMH”) employees. The medical staff of Howard Memorial Hospital and the Frank R Howard Foundation will jointly provide scholarship funds to the approved applicant.

**Eligibility:**

Eligible applicants (employed at HMH for a minimum of six months with no disciplinary action on file) interested in pursuing an advancement of LVN to RN status.

**Guidelines:**

1. Application process consists of employee’s written request, interview, and approval of department manager.
2. Applicant must be accepted formally by the Mendocino College Bridge Program (LVN to RN).
3. Applicant may be a part time, full time, or relief employee.
4. Applicant may be employed in any nursing department of the hospital.
5. Applicant may continue to work at HMH.
6. This scholarship does not change or alter any employment situations that are currently in place. You will continue to be an ‘at will’ employee.

**Award:**

Each scholarship recipient will receive \$1,500 for one year. A minimum of three scholarships are funded annually.

**Responsibilities**

1. Medical staff and Howard Foundation responsibilities:
  - a. Coordinate interviews
  - b. Review copy of scholastic reports, applications, and written documents
  - c. Pay scholarship directly to applicant
2. Person receiving scholarship responsibilities:
  - a. Submit request for scholarship and participate in the interview process
  - b. Provide documentation of acceptance to the appropriate program
  - c. Continue program in good standing and notify the Foundation if dropped from program or voluntarily drops out
  - d. Continue employment at HMH
  - e. After completion of program and receipt of licensure, honor employment commitment at Howard Memorial Hospital for one year, providing position is available

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**SCHOLARSHIP AGREEMENT**

This agreement is entered into by the Frank R Howard Foundation, the Howard Memorial Hospital Medical Staff, and \_\_\_\_\_.  
Scholarship Recipient Name

The date of this agreement is \_\_\_\_\_.

Having been accepted into the Mendocino College nursing program, with the first day of instruction beginning on \_\_\_\_\_ and currently being enrolled in this program, I agree to the following:

I will commit to work at Howard Memorial Hospital for a period of one year following the successful completion of the above-named program and receipt of my California nursing licensure.

This agreement does not change the "at will" relationship between Howard Memorial Hospital and myself. I understand that this is in no way a guarantee of employment at Howard Memorial Hospital.

If for any reason, I do not complete my one year of employment under the terms of this agreement, I will repay any monies received from this scholarship to the Frank R Howard Foundation. This requirement will be waived if no position is available to me after successful completion of the program.

\_\_\_\_\_  
Scholarship Recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Frank R Howard Foundation

\_\_\_\_\_  
Date

Cc: Howard Memorial Hospital Administration and Department of Human Resources