

# Carteret General Hospital Foundation RN Scholarship & Loan Program

Carteret General Hospital Foundation offers the following nursing scholarships for individuals pursuing health careers as Registered Nurses:

- ADN Program – Up to \$6,000 (\$3,000 per year) scholarship
- BSN Program – Up to \$10,000 (\$5,000 per year) scholarship for Junior and Senior Years

Each scholarship will be for two consecutive years assuming satisfactory completion of each semester. After payment of tuition, fees, and books, remaining funds will be given to recipient for living expenses. Preference will be given to individuals who are residents of Carteret County, employees of Carteret General Hospital or immediate family members, and nursing students attending Carteret Community College.

Completed application packets should be returned by March 10th or July 10th to CGH Foundation, PO Box 1619, Morehead City NC 28557.

Should you have questions, feel free to contact Robert Kornegay, Foundation Director at (252) 808-6646 or Vickie Elmore, Recruitment Coordinator at (252) 808-6028.

Carteret General Hospital  
PO Box 1619  
3500 Arendell Street  
Morehead City NC 28557

Phone: 252-808-6646  
Fax: 252-808-6999  
Website: [www.ccgh.org](http://www.ccgh.org)



**At Carteret General Hospital**  
**We invite you to make a *life change*....**  
**Not just a job change.**

Carteret General Hospital is committed to being the best hospital. We are committed to hiring and training outstanding employees, promoting high quality customer service, and seeking future opportunities to meet the ever-changing needs of our community. We recruit and retain personnel based on the value system which promotes teamwork, respect for each other and our customers. Our employees and physicians are the strength and vitality of our health care system.



7. **Community Volunteer Involvement, Clubs including offices held:**

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8. **Please provide the names of two (2) personal references who will be completing your Recommendation Forms (Include name, telephone number & address):**

1. \_\_\_\_\_
2. \_\_\_\_\_

9. **Why do you want to work at Carteret General Hospital?** \_\_\_\_\_

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10. **List Carteret General Hospital employees to whom you know or are related:** \_\_\_\_\_

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11. **What are your career goals and what area would you like to work/specialize?** \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**To be considered, applications must be received by March 10<sup>th</sup> or July 10<sup>th</sup> and include:**

- **Cover letter** stating your reason for applying, how you plan to finance your education, why you should be selected as a scholarship recipient and plans for the future including your willingness and strategy to work full-time for two years at Carteret General Hospital immediately following completion of the RN program.
- **Letter of acceptance and college transcripts.** Please include an acceptance letter or letter of intent from the college you are or will be attending along with recent transcript and grades.
- **Nursing Scholarship Clinical Assessment form** that your clinical instructor should submit directly to us. If you have not started clinicals, you may submit this mid-semester.
- **Two Scholarship Recommendation forms** a teacher and/or employer; do not include relatives. Forms should be mailed directly by the person making the reference to CGH Foundation at the address below.
- **Employment application.**
- **Signed RN Scholarship & Loan Agreement.**
- **Photograph for publicity purposes.**
- **All Scholarship application information should be mailed to Carteret General Hospital Foundation, Attn: Robert Kornegay, 3500 Arendell Street, Morehead City, NC 28557.**

# Carteret General Hospital RN Scholarship & Loan Agreement

I am requesting that Carteret General Hospital and/or CGH Foundation provide for my educational expenses related to my pursuing a health career as a Registered Nurse in the amount of \_\_\_\_\_.

Available:

- ADN Program – Up to \$6,000 (\$3,000 per year) scholarship
- BSN Program – Up to \$10,000 (\$5,000 per year) scholarship for Junior and Senior years

The scholarship or loan will be for the school term beginning \_\_\_\_\_ and ending \_\_\_\_\_.

By accepting the scholarship, I agree not to accept or pursue other job commitments/agreements that may conflict with my working full-time for two years as a RN at Carteret General Hospital in an area and shift of need as identified by Carteret General Hospital. I understand that Carteret General Hospital's area of need may not be the unit or shift that I prefer.

In consideration of this scholarship loan, I agree to reimburse Carteret General Hospital Foundation the total of the amount received (plus 6% penalty) if:

- I fail to successfully complete the program
- If my employment with Carteret General Hospital is terminated or not started for any reason prior to having completed two (2) years of fulltime employment as a licensed registered nurse. Amount due will be prorated for time worked.

Repayment in full will be expected within a six (6) month period following the occurrence of such an event that requires the reimbursement.

I understand that the scholarship loan is for education related expenses and I agree to present a copy of my official grade slip to the Human Resources Department at the end of each semester. I understand that presentation of an official grade slip is required before I will receive any additional scholarship payments for the next semester.

I have read the above statements and understand my responsibilities upon acceptance of the Carteret General Hospital Foundation Scholarship. I have been accurate and truthful in completing my RN Scholarship Application and Loan Agreement.

This the \_\_\_\_\_ day of \_\_\_\_\_ month and \_\_\_\_\_ year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Carteret General Hospital Foundation  
**Nursing Scholarship Recommendation Form**

The following nursing student has applied for a scholarship with Carteret General Hospital. It would be greatly appreciated if you would complete the recommendation form and return it to the address below. This information will remain confidential. Thank you for assisting Carteret General Hospital in promoting nursing careers and recruiting future employees who will be an asset in achieving our mission.

**Applicant's Name** \_\_\_\_\_

How long have you **known** him/her? \_\_\_\_\_

What is your **relationship** (i.e. teacher, college professor, employer, etc.)? \_\_\_\_\_  
\_\_\_\_\_

On a scale of 1 (lowest) to 5 (highest), please rank the scholarship applicant on the following criteria:

	<b>Poor or Low</b>			<b>Excellent or High</b>	
Oral expression/communication	1	2	3	4	5
Written expression/communication	1	2	3	4	5
Ability to work with others	1	2	3	4	5
Perseverance in pursuing goals	1	2	3	4	5
Leadership potential	1	2	3	4	5

Do you have any supporting comments on any of your ratings, which you feel would be significant to the scholarship committee on the applicant's qualifications?

\_\_\_\_\_  
\_\_\_\_\_

What are his/her **strengths**?

\_\_\_\_\_  
\_\_\_\_\_

What does he/she **need to improve**?

\_\_\_\_\_  
\_\_\_\_\_

**Summary evaluation** (please check one):

Strongly recommend    Recommend    Recommend with reservations    Do not recommend

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Company/School**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Date**

Carteret General Hospital Foundation  
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\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

What does he/she **need to improve**?

\_\_\_\_\_  
\_\_\_\_\_

**Summary evaluation** (please check one):

Strongly recommend    Recommend    Recommend with reservations    Do not recommend

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Company/School**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Date**

Carteret General Hospital Foundation  
**Nursing Scholarship Clinical Assessment**  
 (Please ask your clinical instructor to complete once you begin clinicals.)

**Applicant's Name** \_\_\_\_\_

Thank you for assisting Carteret General Hospital in being the best hospital. Please rate the above scholarship applicant on the following criteria and return directly to the address below:

	<b>Poor or Disagree</b>			<b>Excellent or Agree</b>	
<b>Professionalism:</b>					
Consistent, punctual attendance.	1	2	3	4	5
Demonstrates safe practices.	1	2	3	4	5
Maintains confidentiality.	1	2	3	4	5
Seeks instruction as needed.	1	2	3	4	5
<b>Initiative:</b>					
Displays eagerness to learn by fully participating in clinical experiences.	1	2	3	4	5
Prepared daily with appropriate dress & tools.	1	2	3	4	5
Completes assignments.	1	2	3	4	5
<b>Communication:</b>					
Recognizes therapeutic skills while interacting with clients, staff and coworkers.	1	2	3	4	5
Informs instructor and staff as needed.	1	2	3	4	5
Allows time for client's ventilation of concerns and remains non-judgmental.	1	2	3	4	5
<b>Clinical Skills:</b>					
Verifies assessment data.	1	2	3	4	5
Utilizes documentation to record client changes.	1	2	3	4	5
Identifies unsafe conditions.	1	2	3	4	5
Eager to learn and perform clinical skills.	1	2	3	4	5

Comments:

\_\_\_\_\_  
Signature of Clinical Instructor

\_\_\_\_\_  
Instructor's Telephone Number

\_\_\_\_\_  
College Name

\_\_\_\_\_  
Date