

## **Elaine M. Fordyce Nursing Education Endowment (EMFNEE) Application and Scoring Criteria St. Peter's Health (SPH) Foundation**

The Elaine M. Fordyce Nursing Education Endowment (EMFNEE) provides scholarships to Montana Registered Nurses (RNs) who will be (1) attending an accredited baccalaureate or graduate nursing program, including Nurse Practitioner programs; (2) obtaining certification in a specialty area, or; (3) attending workshops to improve nursing skills. EMFNEE recipients are selected by the EMFNEE committee using specified criteria listed in this announcement.

The amount of each scholarship shall be determined each year based on available funds. EMFNEE scholarships may be used for school expenses as well as some cost of living expenses. Scholarship recipients may be eligible to receive continued awards if successful academic progression is maintained throughout the nursing program. The EMFNEE scholarships are awarded without regard to race, sex, religion, age, or national origin.

### **PURPOSE**

The purpose of the Elaine M. Fordyce Nursing Education Endowment is to support continued nursing education which provides service to the community by improving patient care and community health outcomes. Successful candidates demonstrate a commitment to life-long learning and support for the profession of nursing.

### **QUALIFICATIONS**

The applicant must be a Montana resident and must have an active, unencumbered Montana RN license. The applicant must have been employed by St. Peter's Health (SPH) for a minimum of one year during their nursing career.

### **REQUIREMENTS**

#### **A. Applicants**

1. Applicants must complete an official EMFNEE application form. In addition to the official form, the applicant will be required to provide: a) a summary of professional experience and educational goals; b) an education plan to support their goals; c) a description of their need for assistance with a budget of their anticipated needs, and; d) two letters of reference. Applicant must submit a current, one page resume. The application must be attested as true, signed and dated. (See Attachment 1)
2. Applicants who have enrolled in a college/university for the first time must provide a letter of acceptance from the institution they plan to attend.
3. Applicants who are currently enrolled in school must provide evidence of their acceptance into the program and that they are in good standing (example: letter from admissions official).
4. If the applicant is applying to a nursing program, it must have national nursing accreditation.
5. Applicants who wish to attain certification or attend a workshop/course must provide evidence that the education is eligible for continuing education hours through the American Nurses Credentialing Center's Commission on Accreditation (ANCC). For example, the Montana Nurses

Association (MNA) approves continuing education offerings and providers, including St. Peter's Health and others.

6. The applicant is responsible for assembling all materials in ONE (hard copy) packet and submitting it to the SPH Foundation office no later than 5 p.m. May 1<sup>st</sup> of the funding year. Mail or deliver the packet to:  
St. Peter's Health Foundation  
2475 Broadway  
Helena, MT 59601

**B. Recipients**

1. Recipients must maintain a grade point average that will allow continuation in the program. Submission of a current school transcript may be requested.
2. Within 6 months of completion, recipients must provide proof that they have successfully completed the education detailed in their proposal (examples: certificate of completion, a letter from an admission official, a diploma, etc.) Such proof must be submitted to the SPH Foundation Director.

**C. Other**

Incomplete application packets will not be considered by the committee.

The committee will submit their recommendations for scholarship funding to the SPH Foundation Director by 5 p.m., May 15<sup>th</sup> of the funding year. Applicants will be notified of the decision of the committee by email from the St. Peter's Health Foundation Director by June 15<sup>th</sup> of the funding year.

Questions about the Elaine M. Fordyce Nursing Education Endowment should be directed to: St. Peter's Health Foundation Director, 406-444-2370, [foundation@sphealth.org](mailto:foundation@sphealth.org).

**APPLICATION SCORING (Total Possible Points = 100)**

**A. Applicant Statement – Maximum of 30 points**

The applicant statement is a summary of not more than 500 words which demonstrates qualifications for the award. Scoring will depend on how well the statement describes the applicant's professional experience and professional and educational goals, and how they contribute to nursing practice in Montana.

**B. Education Plan – Maximum of 30 points**

The Education Plan (not more than 500 words) details what education, certification, or degree the applicant is seeking, when (dates) and where (locations) the education will take place, and how the education supports the professional and educational goals listed in the Applicant Statement. Scoring will depend on how well the applicant describes, with consistent and complete information, their education plan and how it relates to their professional and educational goals.

**C. Need – Maximum of 20 points**

The applicant describes (not more than 500 words) why they are seeking financial assistance through the EMFNEE and the significance of this support. Scoring will be based on how well the

applicant demonstrates, with consistent and complete information, a detailed and appropriate budget (See Example Budget Format, Attachment 2) that supports the proposed Education Plan. Also considered will be the rationale given for the amount of funding requested and rationale provided for each budget topic which is required to be addressed: tuition, course/education registration, fees, books, supplies, equipment, travel, lodging, and related cost of living expenses. Scoring will also include consideration of the applicant's description of other grants or scholarships they have received (dollar amounts must be noted) which currently support their Education Plan (for example, St. Peter's Health Education Funds that support nursing education).

D. Letters of Reference – Maximum 10 points.

- Two letters of recommendation are required to be submitted in the application packet to address the applicant's potential and meaningful contributions to professional nursing.
- The letters must be written by healthcare professionals.
- The letters must be dated and written within the previous 12 months prior to submission.
- The letters must be personally signed (not a typed signature).

Scoring will reflect the assessment of the reviewers regarding the applicant's contribution(s) to nursing and the applicant's potential to positively impact nursing in the future, as described by the authors of the letters.

E. Preference Points – Maximum 10 points.

5 Points will be added to an application submitted by a current St. Peter's Health employee.

5 Points will be added to an application submitted by a nurse actively providing Public Health Nursing services through a County Health Department, the State Health Department, or a Tribal Health Agency; or who is a school nurse.

**Fordyce Nursing Education Endowment (EMFNEE)  
St. Peter's Health Foundation**

This application must be completed in full, printed, signed, and dated by the applicant, and be included in a packet of materials sent to the Director of the St. Peter's Health Foundation.

**EMFNEE Scholarship Application Form**

Applicant Name in Full \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Amount of scholarship requested \$ \_\_\_\_\_

I worked as a nurse at St. Peter's Health, Helena, MT from (example: 6/1998-8/2001):

\_\_\_\_\_

Montana RN License Number \_\_\_\_\_

I am currently employed at St. Peter's Health and I am requesting Preference Points:

\_\_\_\_\_yes \_\_\_\_\_no

I am currently providing Public Health Nursing services through a County Health Department, the State Health Department, or a Tribal Health Agency; or I am a school nurse and I am requesting Preference Points:

\_\_\_\_\_yes \_\_\_\_\_no

If yes, please state the name of the organization(s) \_\_\_\_\_

**REQUIRED NARRATIVE (Please also consider the information detailed in the section on "Application Scoring (Total Possible Points = 100)" on page 2.)**

A. Applicant Statement – Maximum of 30 points

The applicant statement is a summary of not more than 500 words which demonstrates qualifications for the award. This statement should include how the applicant's professional experience and professional and educational goals will contribute to nursing practice in Montana.

**B. Education Plan – Maximum of 30 points**

The Education Plan (not more than 500 words) details what education, certification, or degree, the applicant is seeking, when (dates) and where (locations) the education will take place, and how the education supports the professional and educational goals listed in the Applicant Statement.

**C. Need – Maximum of 20 points**

The applicant describes (not more than 500 words) why they are seeking financial assistance through the EMFNEE and the significance of this support. The applicant provides a detailed budget (See Example Budget Format, Attachment 2) and rationale (narrative) for the exact amount of funds they are requesting. A budget table is not counted in the 500 word total and may be inserted or appended. The budget must address, at a minimum: tuition, course/education registration, fees, books, supplies, equipment, travel, lodging, and related cost of living expenses. Scoring will also include consideration of the applicant's description of other grants or scholarships they have received (dollar amounts must be noted) which currently support their Education Plan (for example, St. Peter's Health Education Funds that support nursing education).

**D. Letters of Reference – Maximum 10 points.**

- Two letters of recommendation are required to be submitted in the application packet to address the applicant's potential and meaningful contributions to professional nursing.
- The letters must be written by healthcare professionals.
- The letters must be dated and written within the previous 12 months prior to submission.
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Scoring will reflect the assessment of the reviewers regarding the applicant's contribution(s) to nursing and the applicant's potential to positively impact nursing in the future, as described by the authors of the letters.

**E. Preference Points – Maximum 10 points.**

5 Points will be added to an application submitted by a current St. Peter's Health employee.  
5 Points will be added to an application submitted by a nurse actively providing Public Health Nursing services through a County Health Department, the State Health Department, or a Tribal Health Agency; or who is a school nurse.

I hereby certify that the information set forth in this application is true and complete.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## Elaine M. Fordyce Nursing Education Endowment Proposed Budget

Applicant Name: \_\_\_\_\_

Item	Description/Detail
Tuition	
Course Registration	
Fees	
Supplies (books, other educational materials)	
Equipment	
Travel	
Lodging	
Cost of Living Expense	
Other	
Total Budget:	
Amount Requested:	