

**THE MARY MARSHALL
NURSING SCHOLARSHIP PROGRAM
FOR LICENSED PRACTICAL NURSES**



2006-2007

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2006-2007

LEGISLATIVE AUTHORITY

Sections 23-35.9-13 and 32.1-122.6-01 of the *Code of Virginia* authorize annual nursing scholarships for students enrolled in nursing education programs. The Board of Health is authorized to award available nursing scholarships from the Nursing Scholarship Fund established in § 54.3011.2 pursuant to the procedures for the administration of the scholarships awarded.

Under the law, a Nursing Scholarship Advisory Committee appointed by the State Board of Health makes all scholarship awards. The Nursing Scholarship Advisory Committee consists of eight members or their designees: four deans or directors of nursing schools, two former scholarship recipients, and two members with experience in the administration of student financial aid programs. Committee appointments are for two years, and members may not serve more than two successive terms. In the Spring of 1992, another member was added to the committee to represent the Practical Nurse programs. Thus, the Nursing Scholarship Committee consists of nine member or their designees.

The Mary Marshall Nursing Scholarship awards are competitive; there are usually more applicants for scholarship awards than there are funds available. Awards are made upon such basis, competitive or otherwise, as determined by the Advisory Committee, with due regards for scholastic attainments, financial need, and adaptability of the applicant for the service contemplated in such award. No award shall be made if the applicant fails to possess the requisite qualifications.

Funds should be used only for payment of charges for tuition, fees, room, board, or other educational expenses, as prescribed by the Board of Health. Funds will be transmitted to the appropriate institution to credit the

account of the recipient.

The Office of Health Policy and Planning serves as staff to the Nursing Scholarship Advisory Committee and plays no role in the determination of scholarship recipients.

ELIGIBILITY

To be considered for a Mary Marshall Nursing Scholarship, an applicant must meet the following criteria:

1. Residency in the State of Virginia for at least one year;
2. Acceptance or enrollment as a full-time or part-time student in a practical school of nursing in the state of Virginia; and
3. Have submitted a completed application form and a recommendation from the Program Director regarding scholastic attainment and financial need prior to June 30.

Failure to comply with any of the above will cause the applicant to be ineligible for a Mary Marshall Nursing Scholarship. Applicants will be evaluated and ranked by the scholarship committee and the most qualified applicants will be awarded the scholarships.

CONDITIONS OF SCHOLARSHIPS

It is important that all applicants fully understand the conditions of accepting a Mary Marshall Nursing Scholarship. These awards are not gifts. Scholarship recipients must agree to engage in full-time nursing in Virginia for one month for every \$100 received. Therefore, if a student received \$1,200 in scholarship awards, he/she must repay that amount by working continuously for 12 months. The award recipient has 60 days from the date of graduation to obtain his/her license. Full-time employment must begin within 90 days of the recipient's licensure date. Voluntary military service, even if stationed in Virginia, cannot be used to repay scholarship awards.

If, for any reason, a scholarship recipient fails to complete his studies or to engage in full-time nursing in Virginia, the full amount of money represented in the scholarship(s) received, plus an annual interest charge, as established by the Commonwealth of Virginia, must be repaid immediately.

Recipients must take the first scheduled licensing examination following graduation. If recipient does not pass, he/she must retake the next scheduled examination. If he/she does not pass the second examination, he/she must repay all scholarship money received, plus an annual interest charge, as stated above.

If a recipient leaves the State of Virginia or ceases to engage in full-time practice as a licensed practical nurse before fulfillment of the scholarship obligation, the recipient must repay the balance on his/her account, plus

an annual interest charge, as established by the Commonwealth of Virginia.

Before any scholarship is awarded, the applicant must sign a written contract agreeing to these terms, as established by law and the Board of Health.

NUMBER OF APPLICATIONS PER STUDENT

Scholarships are awarded for single academic years. However, a recipient may, after demonstrating satisfactory progress in his studies, apply for a scholarship award for a succeeding academic year. No student may receive a scholarship for more than a total of four years.

SCHOLARSHIP AMOUNT

The amount of each scholarship award is dependent upon the amount of funds appropriated by the Virginia General Assembly, the amount of money collected by the Board of Nursing, and the number of qualified applicants.

HOW TO APPLY

Applications and guidelines are available from the Dean/Director or Financial Aid Office at the applicant's nursing school.

If a student is pursuing a graduate degree not available in Virginia, applications may be obtained directly from:

Virginia Department of Health
Office of Health Policy and Planning
109 Governor Street, James Madison Bldg., Suite 1016
Post Office Box 2448 (23218)
Richmond, Virginia 23219

DEADLINE DATE

Applications must be postmarked no later than June 30 for the academic year, beginning in the Fall of that calendar year. Applications and/or transcripts postmarked after the above date will not be considered for scholarship awards. Applications will not be accepted in The Office of Health Policy and Planning prior to April 30.

FLOW CHART OF RESPONSIBILITIES

D-Dean/Director

FAO- Financial Aid Officer/Authorized school official

S/R - Student/Recipient

RESPONSIBILITY

Maintain a supply of current scholarship applications and guidelines and distribute to students. Notify The Office of Health Policy and Planning when additional applications are needed.

D

FAO

Make certain all parts of the application are completed and Submitted to The Office of Health Policy and Planning prior to the deadline date of June 30.

S/R

Review the most recent financial records of the applicants. Determine the applicant's specific financial need and enter on the application. Date and sign the application.

FAO

Review the entire application before affixing signature, thereby indicating:
 A. The applicant has properly completed the application form.
 B. The financial aid officer/authorized person has verified proof of need.
 C. The applicant's entrance and graduation dates are correct.
 D. The school of nursing is recommending the applicant for a scholarship based upon ability and academic potential.

D

Notify The Office of Health Policy and Planning when recipient fails, transfers, or withdraws from the school.

D

S/R

Notify The Office of Health Policy and Planning when there is a change in a recipient's name and/or address.

S/R

Notify The Office of Health Policy and Planning when recipient's graduation date changes.

D

S/R

Notify The Office of Health Policy and Planning of plans for employment upon graduation.

S/R

Notify The Office of Health Policy and Planning if recipient does not pass state licensing examination for licensed practical nurses.

S/R

Submit Verification of Employment form to The Office of Health Policy and Planning at least every 3-4 months until work obligation is fulfilled.

S/R

MARY MARSHALL NURSING SCHOLARSHIP APPLICATION INFORMATION

Attached is your application for a Mary Marshall Nursing Scholarship. It is important that all applicants read and understand the following information prior to applying for a scholarship award. Failure to comply with any of these application requirements will result in the applicant being ineligible for a scholarship.

APPLICATION REQUIREMENTS

1. All items on the application form must be answered.
2. Applicants must submit recommendations from the Director of the nursing program regarding scholastic attainment and financial need.
3. Applicants must be a high school graduate or have a GED. (Proof must be attached).
4. Applicants must be enrolled as a full-time or part-time nursing student and engage in nursing study at the time of the award. Applicants enrolled as part-time students must report the total number of hours they are taking.
5. Applications and transcripts must be postmarked by June 30 for the academic year beginning in the Fall of that calendar year. (Applications will not be accepted prior to April 30.)
6. It is the responsibility of the applicant to see that:
 - a. The application form is completed;
 - b. All signatures are obtained on the application form; and
 - c. Application and official grade transcript are mailed prior to June 30 to:

Virginia Department of Health
Office of Health Policy and Planning
109 Governor St., James Madison Bldg.,
Suite 1016
Post Office Box 2448 (23218)
Richmond, Virginia 23219

SECTION 2 – NURSING EDUCATION

Application for academic year of 2006 to 2007

School of Nursing: _____

Address: _____

Full-time Student _____ Part-time Student _____ If Part-time student number of hours _____

Have you transferred to this school from another nursing program? ___ Yes ___ No
Name of previous school: _____

Date of enrollment in present Nursing Program: Month _____ Year _____

Expected Date of Graduation: Month _____ Year _____

SECTION 3 – PRIOR EDUCATION

School	Diploma	City & State	Date of Attendance	Reason for Leaving
1. _____				
2. _____				
3. _____				

SECTION 4 – WORK EXPERIENCE

Check here if never employed

Type of Position	Name of Employer	City & State	Dates of Employment	Reason for Leaving
1. _____				
2. _____				
3. _____				

SECTION 5 – OTHER FINANCIAL ASSISTANCE

Are you receiving any other type of financial aid for the upcoming school year? ___ Yes ___ No

Please indicate: _____

Section 7 – CERTIFICATION STATEMENT

All of the information on this scholarship application is true and complete to the best of my knowledge. I realize that information from this application will be used to determine scholarship eligibility. If asked by the Nursing Scholarship Committee, I agree to provide documentation verifying any information on this application. I have read and accept the conditions of the Mary Marshall Nursing Scholarship.

Applicant’s Signature _____

Date _____

Section 8 – STATEMENT OF FINANCIAL NEED

This section must be completed and signed by the nursing school financial aid officer or program director and must include a monetary recommendation.

1. Student Costs:

Cost of Program for one year _____
(including tuition, fees, books, uniforms, etc.)

2. Scholarship Recommendation:

Based upon a review of this applicant’s financial situation, I recommend a Mary Marshall Nursing Scholarship award of (*check one*):

\$800 to \$1,000 _____ \$500 to \$800 _____ \$0 to \$499 _____

Name of Financial Aid Officer/Authorized Person (print please) _____

Phone # _____

Signature of Financial Aid Officer/Authorized Person _____

Date _____

Section 9 – STATEMENT OF SCHOLASTIC ATTAINMENT

To be completed by the Program Director

Please describe the applicant’s scholastic ability. It is important that students have the potential to complete their studies because of the financial penalty involved in paying back scholarship awards.

I certify that this student is a high school graduate or possesses a GED.

Name of Program Director (print) _____

Phone Number _____

Signature of Program Director _____

Date _____

Section 10 – SCHOOL OF NURSING RECOMMENDATION

Must be filled in completely and signed by Program Director of School of Nursing.

- 1. Name of Applicant: _____
- 2. This applicant is: _____ attending _____ approved for admission
- 3. Date of entrance: Month _____ Year _____
- 4. During this award period, the applicant will be a _____ Full-time student
- 5. Please specify any extenuating circumstances that may have influenced your recommendation.

I recommend _____ for a Mary Marshall Nursing Scholarship Award.

Name of Authorized Person Completing this Section	Title
_____	_____
Signature	Date

Full Name of School of Nursing: _____

Phone Number: _____

**MARY MARSHALL NURSING SCHOLARSHIP
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For LICENSED PRACTICAL NURSES**

**APPLICATION CHECK LIST
2006-2007**

This checklist has been provided to facilitate the application process. Please send us all the documents listed below to ensure that your application is complete.

- A COMPLETED MARY MARSHALL NURSING SCHOLARSHIP LICENSED PRACTICAL NURSE APPLICATION FOR 2006. (Old applications will not be accepted.)

Please be sure that:

- ALL ITEMS ON THE APPLICATION ARE ADDRESSED.
- PROGRAM DIRECTOR OR AUTHORIZED SCHOOL OFFICIAL HAS COMPLETED THEIR SECTION OF APPLICATION. SECTION 9 - SCHOOL OF NURSING RECOMMENDATION MUST BE COMPLETED.
- ALL AUTHORIZED SCHOOL OFFICIALS SIGN AND DATE THE APPLICATION IN THE DESIGNATED PLACES.
- THE APPLICATION IS MAILED TO THIS OFFICE BY THE JUNE 30 DEADLINE.