

Benefis Healthcare Foundation Healthcare Scholarship Program

Benefis Healthcare Foundation's *Medical Education Scholarship* is designed to assist with Benefis Healthcare's recruitment and retention efforts for the purpose of ensuring that compassionate, quality care is extended to all patients. The Foundation recognizes the special needs of those individuals, who desire to change careers, further their education or complete their degree. Scholarships are offered to eligible students that want to obtain and/or advance healthcare education or certification and are willing to sign a Work Commitment Agreement with Benefis Healthcare.

GOALS

- ◆ To improve recruitment and retention of direct patient care providers to better serve our patients and their families.
- ◆ To provide access to educational programs that will provide specific skill sets.
- ◆ To provide financial assistance to college level students pursuing healthcare careers at Benefis Healthcare.

SCHOLARSHIP OVERVIEW

Benefis Healthcare Foundation provides a scholarship opportunity for current Benefis Healthcare employees and college students with the desire to obtain or advance in healthcare education or certification. The *Medical Education Scholarship* provides up to \$2,500 *per semester* for recipients that meet eligibility requirements. Awardees are chosen based on eligibility requirements through a Scholarship Selection Committee. Scholarships are administered by Benefis Healthcare Foundation and provide for books and tuition only. A Work Commitment to Benefis Healthcare is required from recipients of this scholarship.

ELIGIBILITY

- Applicants must have been accepted into an accredited nursing program or other approved allied healthcare program and be pursuing a degree or certification in a specific skill set.
- Applicant must be in good academic standing with a Grade Point Average (GPA) of 2.75 or higher, if study occurred within the last five (5) years.
- Applicant must maintain a 2.75 Grade Point Average.
- Applicant must take a minimum of nine (9) credits per semester.
- Applicant must be eligible for employment at Benefis Healthcare and agree to sign a Work Commitment Agreement.
- Applicant may be requested to participate in a personal interview with the Scholarship Selection Committee.
- Applicants employed at Benefis Healthcare must have Department Manager's approval to submit application and if applicant is taking a leave of absence, he/she must have appropriate documents signed with Benefis Healthcare Human Resource Department.

GENERAL INFORMATION AND APPLICATION PROCESS

Availability of scholarship(s) is determined by Benefis Healthcare Foundation and is based on the employment needs of Benefis Healthcare. Applications are available through Benefis Healthcare Foundation. Direct all questions regarding the application process to Benefis Healthcare Foundation, Scholarship Program at 455-5840 or you may access the web site at www.benefisfoundation.org. Completed applications must be submitted by either mailing to Benefis Healthcare Foundation, PO Box 7008, Great Falls, MT 59406-7008 or delivering to 1101 26th St S, South Tower, Benefis Healthcare Foundation office, Great Falls, MT.

Application Deadlines Are: May 15th and October 1st

Applicants must submit the following criteria:

- Completed application form by designated deadline.
- A copy of the letter of acceptance into a certified healthcare program or college.
- Copy of transcripts reflecting a GPA of 2.75 from the last two years of academic study, if study occurred within the last five (5) years.
- Two letters of recommendation (see application.)
- A letter stating reasons for choosing the area of healthcare you are interested in as your field of study.
- A written statement of financial need.
- Completed Consent and Disclosure form.

Review the Work Commitment Agreement as applicable to Benefis Healthcare. This agreement depicts the grid for work commitment to Benefis Healthcare per dollars allocated. (It is not necessary to sign this form until you have been notified that you have been selected as a scholarship recipient.)

Scholarship funding is renewable. A renewable application must be completed and submitted along with grade documentation by May 15th for fall and summer renewals and October 1st for spring renewals.

CONDITIONS OF SCHOLARSHIP

- 1) Upon approval of the scholarship, the recipient will be required to sign a Work Commitment Agreement, which states after completion of the program the student agrees to work at Benefis Healthcare. See attached grid on the Work Commitment Agreement.
- 2) Upon completion of the Work Commitment Agreement with the hospital, Student is exonerated from repayment of scholarship funds received from Benefis Healthcare Foundation.
- 3) Student can work with permit, but must promptly apply to complete the required examination for licensure and must achieve this within a 90-day period.
- 4) If the Student should not pass examination for licensure or certification, he/she may work in another job classification if a position is available, until the examination can be retaken. At this time the student must successfully pass the examination or will be expected to pay back the scholarship monies to the Foundation on a pro-rated basis. Interest will be charged at a prime rate plus 1%.
- 5) Should the unpaid balance owed become due and payable due to the students' termination or resignation, arrangements must be made with the hospital for the student to pay back all scholarship money to Benefis Healthcare Foundation.
- 6) If Student defaults and fails to make suitable arrangements for repayment, or thereafter fails to make timely and complete payments, the hospital is authorized to reduce the debt owing to a judgment and may include in the judgment the cost and attorneys fees incurred in securing the judgment.
- 7) Three months prior to graduation, students must contact Benefis Healthcare Foundation and schedule an appointment with the recruiter to begin the interview process for employment.



Benefis Healthcare Foundation
Healthcare Scholarship Program
Application

Full Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-Mail _____

Social Security Number _____ Have you ever been convicted of a felony? ___ Yes ___ No
If yes, explain _____

Have you applied for a scholarship with us previously? ___ Yes ___ No
If yes, was it under another name(s) and if so what name(s) was it? _____

What is the name of the educational facility you have been accepted to attend? _____

Name of program/degree _____

Date program begins _____ Will you be a full-time or part-time student? _____

How many credits are you taking? ___ Anticipated date of graduation? ___ Semester applying for? ___

Anticipated cost of tuition and book fees per semester? _____

Have you been notified of any assistance or other scholarships that you will receive for your education program?
___ Yes ___ No If yes, describe source, amount and duration. _____

If you have volunteer experience give the name of your supervisor and explain where and for how long you were
involved. _____

Part I. Benefis Healthcare Employees

Employee ID number _____ Department _____

Please list any other positions you have held at Benefis Healthcare or in healthcare related fields and the dates,
beginning with the most recent. _____

Part II. Non-employees of Benefis Healthcare

Are you currently employed? _____ Hours per week _____ Employer _____

Have you ever been employed at Benefis Healthcare or worked as a volunteer at Benefis Healthcare? Give a brief description. _____

Have you worked or volunteered in another hospital or healthcare facility? Give a brief description. _____

Please include with this Application:

- A copy of the letter of acceptance into a certified healthcare program or college.
- Copy of transcripts reflecting last two years of academic study, if study occurred within the last five (5) years.
- Two (2) letters of recommendation:
 - Benefis Employees*: One from your current manager and a second from a previous employer.
 - Non-Employees*: Recommendations should be from college staff, high school staff or a current manager.
- A letter stating reasons for choosing the area of healthcare you are interested in as your field of study.
- A written explanation of financial need.
- If you are selected to receive a scholarship, the Foundation reserves the right to publish your picture in newspapers, foundation newsletters and our web site. If you do not have a current photo and you are selected, we will assist you with a photo.
- Completed Consent and Disclosure form.

Review the Work Commitment Agreement as applicable to Benefis Healthcare. This agreement depicts the grid for work commitment to Benefis Healthcare per dollars allocated.

Omission of any of the above information may eliminate your application from consideration. All requested materials must be submitted with the application.

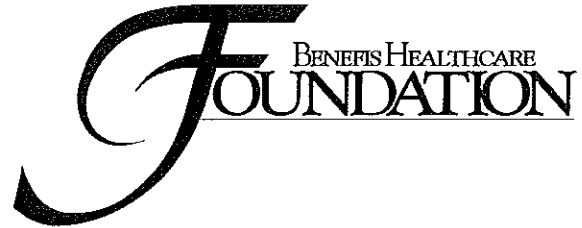
The Healthcare Scholarship Program Selection Committee will review applications.

Please mail application to:

Benefis Healthcare Foundation
Scholarship Program
PO Box 7008
Great Falls, MT 59406-7008

Or deliver to: 1101 26th St S, South Tower, Benefis Healthcare Foundation office, Great Falls, MT

APPLICATION DEADLINES ARE:
May 15th and October 1st



Work Commitment Agreement Healthcare Scholarship Program

This Work Commitment Agreement made and entered into on this _____ day of _____, 20____, by and between Benefis Health System, Benefis Healthcare Foundation, hereinafter sometimes referred to as "Benefis" and "Foundation" and _____, hereinafter sometimes referred to as "Student."

WITNESSETH

Whereas, the Foundation provides financial assistance in the form of a scholarship to certain students pursuing a course in healthcare education or certification, and

Whereas, Student is pursuing an appropriate course of healthcare education and desires to obtain financial assistance in the form of a scholarship from the Foundation.

In consideration of the mutual promises of the parties as hereinafter set forth, the parties to hereby agree with each other as follows:

1. Student acknowledges that by submitting an application for this scholarship, Student has reviewed the eligibility requirements to receive the scholarship and agrees to sign a Work Commitment with Benefis Health System. See grid at end of document.
2. The Work Commitment Agreement commences on your first day of employment in the new category of licensure into which you will be hired, i.e. RN, LPN, Rad Tech, Pharmacist, etc.
3. Upon completion of Work Commitment Agreement with the hospital, Student is exonerated from repayment of scholarship funds received from Benefis Healthcare Foundation.
4. Student understands financial assistance is available for each semester until student completes program or certification, as long as funding is available through the Foundation and Student submits re-application and meets eligibility requirements.
5. Student understands that at any time if Student falls below eligibility requirements, Student shall no longer be eligible for renewal of scholarship funds and will be required to payback scholarship money.
6. Student understands and agrees that failure to comply with requirements listed below shall be a breach of this agreement and will result in Student Scholarship funds becoming immediately due, payable to Benefis Healthcare Foundation.
 - 1) Contact the Human Resource Department three months prior to graduation.
 - 2) Refusal to be employed by Benefis Health System.
 - 3) Fail to satisfy graduation requirements.

7. Benefis Health System Human Resource Department will contact student 3 months prior to graduation to make arrangements for the interview process.
8. Benefis agrees to provide Student employment within thirty-days (30) from the date of Student's graduation.
 - 1) Student can work with permit, but must promptly apply to complete the required examination for licensure and must achieve this with-in a 90-day period.
 - 2) If the Student should not pass examination for licensure or certification, he/she may work in another job classification if a position is available, until the examination can be retaken. At this time the student must successfully pass the examination or will be expected to pay back the scholarship monies to the Foundation.
9. Student understands and agrees that in the event of a breach of the Work Commitment Agreement, all scholarship funds are due and payable to Benefis Healthcare Foundation.
 - 1) Should the unpaid balance owed become due and payable due to the students' termination or resignation, arrangements must be made with the hospital for the Student to pay back all scholarship money to Benefis Healthcare Foundation.
 - 2) If Student defaults and fails to make suitable arrangements for repayment, or thereafter fails to make timely and complete payments, the hospital is authorized to proceed with collection policy.
10. If the Student is medically disabled and deemed to have a long term disability, and is unable to perform employment services to Benefis, the hospital will suspend the payback obligation to the Foundation in the event the condition is certified by a physician and Benefis renders Student unable to perform the employment service.
11. Benefis Health System retains the right not to hire student. As a result of the failure of Benefis to extend an offer of employment, the Student shall have no repayment obligation of scholarship funds to the Foundation.

Dollars Given	Work Commitment to Benefis
\$501 - \$2,500	1 Year
\$2,501 - \$5,000	18 Months
\$5,001 - \$7,500	2 Years
\$7,501 plus	2 ½ Years

In Witness Whereof,

_____ Date
 Human Resource or Foundation
 Representative - Benefis Health System

_____ Date
 Student Signature
 Address _____
 Phone# _____ Cell# _____
 e-mail address _____