



Jane M. Buckman Husted Nursing Scholarship

The Jane M. Buckman Husted Scholarship was established by Paul and Lori Husted to benefit students pursuing their RN degree and is named in honor of Paul's mother, Jane M. Buckman Husted.

Mrs. Buckman Husted graduated from the School of Nursing at Mercy Hospital in Iowa City, Iowa in 1943. From 1945 until 1947 she served with the Army Nursing Corps including a tour of duty in Tokyo. After returning home, Mrs. Buckman Husted worked as a surgical post-op nurse in Kansas, California and Arizona before returning to Iowa where she finished her career as a geriatric nurse with the Veteran's Administration. In all, she served for thirty-five years in the nursing profession before her retirement.

This scholarship, administered by Benefis Healthcare Foundation, provides for books and tuition up to \$1,000 per student per semester. Student must be an ADN or RN pursuing a BSN. This scholarship carries a Work Commitment to Benefis Healthcare upon graduation.

Applicants must meet the following criteria:

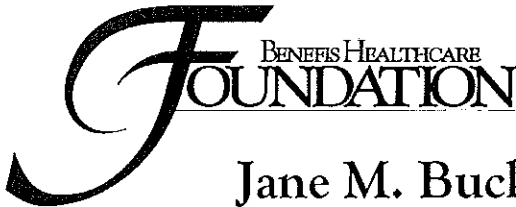
- Applicant must be a current full time, part time or registry employee of Benefis Healthcare.
- Applicant must have a minimum of two (2) years healthcare experience and have been an employee of Benefis Healthcare for one (1) year.
- Applicant must pursue an Associate Degree or Bachelor of Science Degree in Nursing and provide proof of acceptance to an accredited school.
- Applicant must take a minimum of nine (9) credits per semester.
- Applicant must maintain a 2.75 Grade Point Average (GPA)
- Applicant will be requested to participate in a personal interview with Selection Committee.
- Complete Consent and Disclosure form.

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

APPLICATION DEADLINES ARE:

May 15th and October 1st

Completed applications must be submitted by mailing to Benefis Healthcare Foundation, Attn: 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. For information call 455-5840 or access the website at www.benefisfoundation.org. Scholarships will be awarded upon availability and will be selected by the Healthcare Scholarship Selection Committee. Scholarship checks will be made payable to the accredited school.



Jane M. Buckman Husted Nursing Scholarship Application

Full Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-Mail _____

Current Job Classification/Department _____

Employee ID number _____ Work Phone _____

Have you applied for a scholarship with us previously under another name? Yes No

If yes, what name(s) was it? _____

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

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

Name of program/degree _____ Semester applying for? _____

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

How many credits are you taking? _____ Anticipated date of graduation? _____
(9 credits are required)

Employment History _____

Previous Education _____

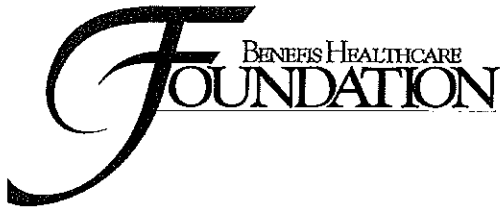
Please include with this Application:

- A brief description of why you are interested in pursuing an education in nursing, how you plan to attain this education and your associated goals.
- A letter of recommendation from your current manager.
- A letter of recommendation from a co-worker or personal acquaintance other than a relative.
- Most recent college transcript.
- Completed Consent and Disclosure form.
- A copy of the letter of acceptance into a certified healthcare program or college.

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

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 within 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 _____