

ARNOTHEALTH(AH) SPONSORSHIP PROGRAM-INITIATED FALL 2024

a. **Description of Program:**

“Full Ride” sponsorships will be awarded annually to eligible incoming nursing students in the Arnot Ogden Medical Center School of Nursing (AOMC SON). This fund was established to support deserving students and provide guaranteed employment upon graduation from the program. This “full ride” sponsorship includes books, fees, and tuition incurred in attendance at AOMC School of Nursing to complete the Associate Degree in Nursing program. This sponsorship does not cover coursework transferred into the Associate Degree in Nursing program either before or during enrollment at the AOMC School of Nursing (for example summer coursework completed between semesters).

b. **Commitment:**

Students awarded this sponsorship understands that for each school year the student receives the sponsorship there will be a service commitment of Two Thousand Eight Hundred and Eight (2,808) hours as a Registered Nurse on a medical-surgical unit.

c. **Eligibility:**

Any first-year or transfer student who will be attending AOMC School of Nursing is eligible to apply. Applicants must be qualified applicants to the AOMC School of Nursing and be accepted into the nursing program. Any current or pending disciplinary action pending for a current Arnot Employee may affect eligibility.

d. **Sponsorship Application:**

Sponsorship applications are available at the AOMC School of Nursing, Clute Education Building or the arnotogdenson.org website.

Deadline for filing an AH Sponsorship application is **May 31st** each year. The applicant is responsible for ensuring materials related to the application are received in the AOMC School of Nursing by the May 31st deadline. Documents include:

- a. A completed application form, (attached to this document).
- b. Submit an essay articulating the importance of the profession of nursing, personal passion for nursing, and perceived personal strengths for the role.
- c. Provide an official high school and/or college transcript. (can use transcripts from AOMC School of Nursing application).
- d. Fill out a free Application for Federal Recipient Aid Form (FAFSA) and submit it by the deadline.
- e. Complete the income verification form related to FAFSA for Financial Aid (FA) (if required by FA).
- f. Provide a copy of the acceptance letter from the school or documentation of enrollment.
- g. If the applicant is an active Arnot Health (AH) employee and an Arnot Health sponsorship recipient, Arnot Health tuition reimbursement cannot be applied to any charges covered by the Arnot Health sponsorship.
- h. Submit 2 letters of reference (can use the 2 reference letters from AOMC School of Nursing application).

- i. Attestation that applicant understands and agrees to the expectations and commitment of the AH Sponsorship.
- j. Interview by Selection Committee.

Application forms and related materials will be kept in strict confidence.

e. **Requirements:**

- a. The Recipient(families) must complete the FAFSA annually.
- b. Students must be accepted to the AOMC School of Nursing.
- c. Students must maintain a minimum grade average of 80% in nursing courses (NSG designation).
- d. Students must understand the commitment of three years of full-time employment as a registered nurse in a Medical-Surgical Unit at Arnot Ogden Medical Center (AOMC) for two years of tuition, fees, and books received.
- e. If the Recipient must repeat a course, the scholarship is suspended until the recipient successfully completes the course at their expense and returns to the required course sequence.
- f. The Recipient must commence employment with Arnot Health no later than ninety (90) days after the date of graduation or thirty (30) days following an offer of employment by ArnotHealth, whichever is later.
- g. The Recipient must successfully complete the NCLEX examination within 60 days of graduation.
- h. Any current or pending disciplinary action for a current Arnot Employee may affect eligibility.
- i. Current employees will not be eligible for Arnot Health Tuition Reimbursement for any charges covered under this agreement.

f. **Selection Procedure:**

- a. Prior to the May 31st deadline the ArnotHealth Executive Offices will determine the number of scholarships to be awarded each year.
- a. The Selection Committee will consist of Arnot Health's System Director, Education/School of Nursing, and members of the RAP (Recruitment, Admission & Progression) Committee.
- a. The Selection Committee will choose a recipient on the basis of scholastic merit, leadership potential, and financial need with current ArnotHealth employees given preference.
- a. The Selection Committee will also choose an alternate recipient(s) if any of the first choices declines or does not qualify for any reason after selection.
- b. Arnot Health System provides equal opportunities to all sponsorship applicants and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.”

g. **Sponsorship Program Administration:**

- a. Sponsorship program policies are made by AOMC School of Nursing and ArnotHealth Administration. Policies may be revised at any time if necessary and advisable.
- b. AOMC School of Nursing Administration is responsible for:
 - i. Distributing and receiving applications.
 - ii. Sending Financial Aid a copy of applications and financial release form.
 - iii. Preparing scholarship applications for review by Selection Committee
 - iv. Establishing membership on Selection Committee together with ArnotHealth Nursing Administration.
- c. Notifying applicants of selected sponsorship recipients.

h. **Notification of Receipt of Sponsorship:**

- a. Sponsorship recipients will be notified by the Tuition Scholarship Committee by June 30. Recipients must sign a sponsorship contract indicating agreement with the payment procedure.
- b. It is the student's responsibility to notify the AOMC School of Nursing Administrative Assistant and Financial Aid office of any changes of plan prior to or during the school year which would require discontinuation, transfer, or temporary delay of sponsorship payment.
- c. If a recipient becomes ill or has another legitimate reason for temporarily discontinuing matriculation before the program has been completed, the recipient can request the remaining sponsorship allotment be held until they return to school. A written request should be addressed to the System Director, Education/SON. The sponsorship can be held one year subject to Administration approval.
- d. ArnotHealth employees cannot receive AH tuition reimbursement for any class which is covered by the AH Sponsorship. If the recipient completes coursework outside of the scheduled semester, they are responsible for any charges incurred and can therefore apply for ArnotHealth tuition reimbursement.
- e. The selected students must agree to inform Financial Aid of any additional scholarship aid he/she receives while a recipient of the Tuition Scholarship. It is the student's responsibility to notify the Financial Aid office of all scholarship monies received.

ARNOTHEALTH SPONSORSHIP PROGRAM APPLICATION

**APPLICATION MUST BE SUBMITTED TO THE SYSTEMS DIRECTOR,
EDUCATION/SCHOOL OF NURSING**

BY May 31st

Received: _____

(For office use only)

Student's Name: _____
(first) (middle) (last)

Address: _____
(street) (city) (state) (zip)

Phone: (cell) _____ (home) _____

Email: _____

High School Attended: _____ **Graduation** _____
Month/Year

Previous Degree/Certificate School: _____

Previous Degree/Certificate: _____ **Graduation** _____
Month/Year

(For dependent students only please complete the questions below regarding parents, substitute legal guardian if applicable).

Parent 1 Name _____ **Address** _____
(if different from student's)

Parent 1 employer _____ **Occupation** _____

Parent 2 Name _____ **Address** _____
(if different from student's)

Parent 2 employer _____ **Occupation** _____

Please indicate below any expenses that you would like considered beyond tuition, books, and fees, (examples: daycare, transportation, medical expenses, etc.):

First year expenses:

Second year expenses:

INCLUDE WITH THIS APPLICATION

- An essay articulating the importance of the profession of nursing, personal passion for nursing, and perceived personal strengths for the role.
- Official high school and/or college transcripts. (can use transcripts from SON application)
- Fill out a free Application for Federal Student Aid Form (FAFSA) and submit it by the deadline.
- (Complete the income verification form related to FAFSA for Financial Aid (FA) if required by FA.)
- Provide a copy of the acceptance letter from the school or documentation of enrollment.
- Submit 2 letters of reference (can use the 2 reference letters from SON application):
- Attestation that applicant understands and agrees to the expectations and commitment of the AH Sponsorship.

All application information I have submitted is complete and true. I have read and agree to abide by the ArnotHealth Sponsorship Program Policies.

Student Name _____

Student's Signature _____ **Date** _____

ArnotHealth Sponsorship Program Financial Aid Release Authorization

I, _____, a nursing student at the Arnot Ogden Medical Center (AOMC) School of Nursing grant permission to the Financial Aid Officer at the Arnot Ogden Medical Center to release the results of my FAFSA application to the AOMC School of Nursing to determine my eligibility for the **Arnothealth Sponsorship Program**

Signature _____

Print Name _____

Date _____

D: 2/18; rev.2/24
cc: Financial Aid

ArnotHealth Sponsorship Program Student Attestation

I, _____, an enrolled nursing student at the Arnot Ogden Medical Center School of Nursing, and an applicant for the ArnotHealth Sponsorship program understand the stipulations of employment and required timeframe for passing the NCLEX RN upon graduation from the Arnot School of Nursing and accepting employment with ArnotHealth.

Signature _____

Print Name _____

Date _____