



## *Healthcare Work Commitment Scholarship*

William Newton Healthcare Foundation's Healthcare Scholarship is designed to assist William Newton Hospital with recruitment and retention efforts to ensure compassionate and quality care is afforded to patients and families we serve. 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 who want to obtain and/or advance healthcare education or certification and are willing to sign a Work Commitment Agreement with William Newton Hospital.

### ***Goals***

- To improve recruitment and retention of healthcare professionals 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 students pursuing healthcare careers at William Newton Hospital.

### ***Scholarship Overview***

William Newton Healthcare Foundation provides scholarship opportunities to high school, college, and graduate school students and current William Newton Hospital employees with the desire to obtain or advance in healthcare education or certification. The scholarship provides \$500 to \$1,000 per semester for recipients that meet eligibility requirements. Awardees are chosen based on eligibility requirements through a Scholarship Selection Committee. Scholarships are administered by William Newton Healthcare Foundation. A Work Commitment Agreement with William Newton Hospital is required from recipients of this scholarship.

### ***Eligibility***

- Applicants must have been accepted into an accredited or other approved allied healthcare program and be pursuing a degree or certification in a specific skill set.
- Applicants must be in good academic standing with a Grade Point Average of 3.0 or higher.
- Applicant must maintain a 3.0 Grade Point Average.
- Applicant must maintain 12 hours or more for undergraduate work and a minimum of 3 hours for a graduate program (both numbers per semester)
- Applicant must be eligible for employment at William Newton Hospital and sign a Work Commitment Agreement. Eligibility is defined as having completed the screening process, as dictated by WNH HR guidelines (make application for employment, reference checks and interview).
- Applicant may be requested to participate in a personal interview with the Scholarship Selection Committee, which is comprised of the department director (in the applicant's area of study) and foundation board member.

### ***General Information and Application Process***

Availability of scholarship(s) is determined by William Newton Healthcare Foundation and is based on both the employment needs of William Newton Hospital and availability of Foundation funds. Applications are available through William Newton Healthcare Foundation. Direct all questions regarding the application process to the Foundation at 620-222-6275 or access the web site at [www.WNHFoundation.org](http://www.WNHFoundation.org). Completed applications must be submitted by mailing to William Newton Healthcare Foundation, 1300 East Fifth Avenue, Winfield, Kansas, 67156 or deliver in person to the same address. **Application deadline for the Fall semester is June 14, and the deadline for the Spring and Summer semester is November 15.**

### ***Applicants must submit the following:***

- Completed application form by designated deadline(s).
- Copy of the letter of acceptance into a certified healthcare program or college.
- Official copy of transcripts reflecting a GPA of 3.0 from the last two years of academic study.
- Three letters of recommendation from an educator, employer or personal reference, excluding relatives/family members.
- An essay from 300-500 words stating motivation, potential, and reasons for choosing the area of healthcare you are interested in as your field of study.
- Work Commitment Agreement
- Completed Authorization and General Release form.

Scholarship funding is renewable each semester. A renewable application must be completed and submitted along with a transcript by **July 12 for fall renewals and December 6 for spring renewals.**

### ***Condition of Scholarship***

- Recipient will be required to sign a Work Commitment Agreement, which states after completion of the program the student agrees to work at William Newton Hospital for a term of six months for each semester scholarship was granted.
- Upon completion of the Work Commitment Agreement with the hospital, repayment of scholarship funds received from William Newton Healthcare Foundation is forgiven.
- Student must promptly apply to complete the required examination for licensure/certification and must achieve this within 45 days.
- If the applicant does not pass the post-employment process, they will no longer be eligible for the scholarship.
- If the student should not pass the 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.
- Should the unpaid balance owed become due and payable due to the student's termination or resignation, arrangements must be made with the hospital for the student to pay back all scholarship monies to the Foundation.
- If student defaults and fails to make suitable arrangements for repayment, or thereafter fails to make timely and complete payments, the Foundation 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.
- Three months prior to graduation, students must contact the hospital and schedule an appointment with the Director of Human Resources to begin the interview process for employment.
- Scholarship checks will be payable to the college/university and will be sent to the financial aid office. The college/university will be instructed to apply these funds to tuition, fees and books and then the balance, if any, to be distributed for room and board, then if any, to recipient.

***Selection Process***

Scholarship Grants are available to individuals, including high school, college, and graduate school students, to enable the recipient to complete an undergraduate or graduate education in the healthcare field. Scholarship Grants are awarded based on the following criteria:

- ❖ Motivation and potential for a career in healthcare,
- ❖ Professional needs of William Newton Hospital
- ❖ Full-time employment with William Newton Hospital upon graduation as set forth in the Work Commitment Agreement
- ❖ Academic performance
- ❖ Financial need
- ❖ Recommendations
- ❖ Successful interview within the department/field/area of their specialty with department director & foundation board member



*Healthcare Work Commitment Scholarship Application*

**Part I. General Information**

\_\_\_\_\_ Date \_\_\_\_\_  
Full name

\_\_\_\_\_ Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Social Security number \_\_\_\_\_ E-mail address \_\_\_\_\_

\_\_\_\_\_ Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Have you applied for a scholarship with the WNH Foundation 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 education facility you have been accepted to attend?  
\_\_\_\_\_

Name of program \_\_\_\_\_

Type of degree: ♦ Associate ♦ Baccalaureate ♦ Masters ♦ Other \_\_\_\_\_

Date program begins \_\_\_\_\_ Will you be a full time or part time student? \_\_\_\_\_

How many credits are you taking? \_\_\_\_\_ Anticipated date of graduation? \_\_\_\_\_

GPA (cumulative) \_\_\_\_\_ Student ID# \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Part II. Education History**

List previous education to include high school, junior or community college, or university. Enter the most recent school attended first.

School	City/State	Dates Attended	Graduation Date

If applicable list Licensure/Certifications currently or previously held:

Type \_\_\_\_\_ Number \_\_\_\_\_ State Issued \_\_\_\_\_

Type \_\_\_\_\_ Number \_\_\_\_\_ State Issued \_\_\_\_\_

**Part III. Employment History**

List your employment history starting with your present or most recent employer.

Employer	Dates	Position	Reason for leaving

Have you ever been employed by William Newton Hospital?  Yes  No

If yes, when and in what capacity? \_\_\_\_\_

Do you have any friends or relatives employed by William Newton Hospital?  Yes  No

If yes, who? \_\_\_\_\_

Have you ever worked or volunteered in another hospital or healthcare facility?  Yes  No

If yes, give a brief description \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

**Part IV. Financial Need**

Describe pertinent information that will assist the committee in assessing your financial need for this scholarship.

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**Estimate your expenses:**

Tuition and fees	_____
Books, instructional equipment & materials	_____
Room & Board	_____
Miscellaneous items (uniforms, travel expenses)	_____
Total estimate	_____
Costs are for _____ months/years	

***Please include with this Application:***

- A copy of the letter of acceptance into a certified healthcare program or college.
- Official copy of transcripts reflecting last two years of academic study.
- Three letters of recommendation. One must be from current supervisor or hospital administration.
- An essay, 300-500 words, stating reasons for choosing the area of healthcare you are interested in as your field of study.
- Complete Authorization and General Release form.
- Work Commitment Agreement

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

***Please read before signing:***

If I am awarded a scholarship by the William Newton Healthcare Foundation, it is my intention to complete my course of study. I agree to inform the Foundation Director and Human Resources Director immediately upon any decision I make concerning any change in my plan of study. I understand that my scholarship will not be renewed if I do not maintain a 3.0 academic record. I also understand that any employment agreement will become null and void if I do not abide by the scholarship requirements.

I hereby authorize the William Newton Healthcare Foundation or their designee to make inquiries regarding any information provided by me on this application.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

***The Healthcare Work Commitment Scholarship Selection Committee will review applications.***

***Please mail application or deliver to:***

***William Newton Healthcare Foundation  
Healthcare Work Commitment Scholarship  
1300 East Fifth Avenue  
Winfield, Kansas 67156***

***Application Deadlines 2024  
Fall Semester: June 14  
Spring Semester: November 15***

***Healthcare Work Commitment Scholarship***

***Applicant Authorization and General Release***

I (print name) \_\_\_\_\_, hereby authorize William Newton Healthcare Foundation to request and receive any and all reference information about or concerning me, including but not limited to employment history, education background, professional license, state and licensing agencies, and other entities including my present and past employers.

I further release and discharge William Newton Healthcare Foundation and all of their subsidiaries, affiliates, officers, and employees from any and all claims and liability arising out of any request(s) for, or receipt of, information or records pursuant to this authorization and understand that it may contain information about my character, general reputation, personal characteristics and mode of living, whichever are applicable.

I acknowledge that I have voluntarily provided information on the required application for the purpose of making a scholarship application and for employment purposes, and I have carefully read and I understand this authorization.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (Please print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Supervisor Name (Please print)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date