



# COLE Memorial

January 8, 2015

Dear Scholarship Applicant:

Cole Memorial is pleased to announce that we are presently accepting applications for our 2015 Registered Nursing Scholarship Program and the Allied Health Scholarship Program.

The Nursing Scholarship and Allied Health Scholarship Programs provide up to \$5,000 per year for each year of the covered program the student is to attend, (i.e., a four year program would enable the recipient to receive up to \$20,000.00).

Upon graduation, the recipient would be required to fulfill an employment commitment to Cole Memorial. Should the student withdraw from the approved program or change curriculum, they are required to repay all funds paid to them.

We require the following information from each candidate:

1. A formal letter requesting consideration from the applicant.
2. A completed scholarship application.
3. A copy of the student's most recent grade transcript.
4. Proof of acceptance in an approved program.
5. Three letters of reference.
6. Phone number and address where you can be reached.

Applicants meeting the approved requirements will be interviewed by a committee designated by the Hospital. Preference will be given to candidates pursuing advanced degrees (i.e., BSN candidates will receive preference over RN candidates). Application packets should be completed and forwarded to the Human Resources office no later than June 1, 2015. Should you have any questions regarding the scholarship programs, please do not hesitate to contact me at 814-274-5264 or Cindy Reed in my office at 814-274-5431.

Sincerely,

Jamie Evens  
Executive Director, General Services

## APPLICATION FOR SCHOLARSHIP

### Personal Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print: Last, First, Middle and/or Maiden)

Present Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Number and Street, City, State and zip code)

Are you over the age of 18? \_\_\_\_\_ Yes \_\_\_\_\_ No Social Security Number: \_\_\_\_\_

Are you a resident of Pennsylvania? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how long have you been a resident of Pennsylvania? \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Criminal Background:** Have you ever been convicted, pleaded guilty, or *nolo contendere* (no contest) to a felony or misdemeanor other than a summary offence or do you currently have any such charges pending against you? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please give the particulars including the type and date of the offence: \_\_\_\_\_

**Note:** A conviction will not necessarily disqualify an applicant, however, there are specific criminal convictions that prohibit healthcare employment under the Pennsylvania Older Adults Protective Services - 169 Act and others that may relate to your suitability for employment in the position for which you are applying.

Educational Record:	Name and Address	Circle Grades Completed	Did you graduate?
Elementary School	_____	1 2 3 4 5 6	_____
High School	_____	7 8 9 10 11 12	_____
College/University	_____	1 2 3 4	Major Field _____ Degree _____
Apprentice, Vocational, Business or Graduate School? _____			

Please provide an official copy of your most recent grade transcript.

### Scholarship Interest:

Type of Scholarship Requested: \_\_\_\_\_

Name of the college, university or school you are planning to attend: \_\_\_\_\_  
(attach a copy of your acceptance letter)

Are you or will you be a full time student? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are not a full time student please explain: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No Are you receiving any other scholarship(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever: Applied for a scholarship before? \_\_\_\_\_ Yes \_\_\_\_\_ No Worked here before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, give dates.)

Name at time of previous application or employment : \_\_\_\_\_

### Military Record:

Have you ever served in the Armed Forces of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state: Branch \_\_\_\_\_ Date entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

Rank or Rate \_\_\_\_\_ Service schools and/or special experience \_\_\_\_\_

Reserve or National Guard Status \_\_\_\_\_

**References:** Please provide and attach three letters of references. Do not use relatives. List persons whom you have known for at least five (5) years.

Name	Address	Phone	Occupation	Verification
1.)				
2.)				
3.)				

**Employment History:** Starting with your present or most recent employer, account for all periods of time, including unemployment and service with the Armed Forces. (Use additional sheet if needed.)

DATES	Employer's Name, Address and Phone Number	1.Job Title 2.Department 3.Supervisor's Name	Describe Major Job Duties	Salary	Reason for Leaving
From: _____ To: _____	_____ _____ _____ Phone # _____	1.) _____ 2.) _____ 3.) _____		Starting \$ ____/____  Final \$ ____/____	
From: _____ To: _____	_____ _____ _____ Phone # _____	1.) _____ 2.) _____ 3.) _____		Starting \$ ____/____  Final \$ ____/____	
From: _____ To: _____	_____ _____ _____ Phone # _____	1.) _____ 2.) _____ 3.) _____		Starting \$ ____/____  Final \$ ____/____	

**Applicants Statement:** I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I also authorize the companies, schools or persons named above and in the letters of reference provided by me to give any information regarding my employment, character and qualifications, together with any information they have regarding me whether or not it is in the records. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guiding Principles:** Have you read the Guiding Principles and agree, should you be employed, to abide by these Guiding Principles as an employee, as a condition of employment and continued employment \_\_\_\_ Yes \_\_\_\_ No

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Malachesky Memorial Nursing Scholarship**

In December 1985, the Malachesky Memorial Nursing Scholarship Fund was established in memory of Dr. Thomas and Susan Malachesky. Dr. and Mrs. Malachesky perished in a plane crash on November 13, 1985. Dr. Malachesky served as the Pathologist at Charles Cole Memorial Hospital from January 1982 until his death. At the time of her death, Mrs. Malachesky was a student perusing her studies to become a registered nurse.

The Malachesky Memorial Nursing Scholarship Fund was established and funded by the Malachesky's children, Amanda and Michael, family and friends. The intent was that through the donations, the Scholarship Fund would produce sufficient income to provide a Five Hundred Dollar (\$500.00) scholarship each year.

The fund was established to provide a, one time, Five Hundred Dollar (\$500.00) scholarship to the most academically qualified candidate each year. The candidate will be selected from the applicants for the Charles Cole Memorial Hospital Nursing Scholarship Program. Although the scholarship recipient is a participant of the Hospital's Nursing Scholarship Program, the employment commitment of the Hospital's program will not extend or alter as a result of this scholarship.

To apply for the Malachesky Memorial Nursing Scholarship the candidate must complete the application process for the Charles Cole Memorial Hospital Nursing Scholarship Program.

## **The Brenda A. Ross Memorial Nursing Scholarship**

The Brenda A. Ross Memorial Nursing Scholarship Fund was established in memory of Brenda A. Ross. Brenda A. Ross was killed in an automobile accident on January 12, 1987. Miss Brenda A. Ross was employed at Charles Cole Memorial Hospital, as a registered nurse, from 1985 until her death.

At the time of her death, her parents established the Brenda A. Ross Memorial Nursing Scholarship Fund. The intent was that through the initial funding and donations, that the Scholarship Fund would produce sufficient income to provide for one Five Hundred Dollar (\$500.00) scholarship annually.

The fund was established to provide a scholarship to a high school graduate, choosing nursing as a career, from the Bucktail High School in Clinton County, or a high school in the Potter, McKean, Cameron, or Tioga county area. The scholarship will be presented to the candidate emulating the characteristics, which made Brenda such an asset to the nursing profession and the community. If there are no candidates for the scholarship then the candidate will be selected from the applicants for the Charles Cole Memorial Hospital Nursing Scholarship Program.

The recipient of the Brenda A. Ross scholarship is not obligated, as a result of receiving the award, to an employment commitment with Charles Cole Memorial Hospital. However, if the recipient of the scholarship comes from the candidates of the Hospital's Nursing Scholarship Program, their employment commitment will not extend or alter as a result of this scholarship.

To apply for the Brenda A. Ross Memorial Scholarship the candidate must provide the following information:

1. A formal letter requesting consideration for the scholarship from the applicant.
2. A completed Brenda A. Ross Memorial Scholarship application.
3. A copy of student's most recent grade transcripts.
4. Proof of acceptance in an approved nursing program.
5. Three letters of reference.

A committee designated by the Hospital will interview applicants meeting the approved requirements. Application packets should be completed and forwarded to:

Charles Cole Memorial Hospital  
Human Resources Department  
1001 East Second Street  
Coudersport, PA 16915

**Brenda A. Ross Memorial Scholarship**

## APPLICATION FOR SCHOLARSHIP

### Personal Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print: Last, First, Middle and/or Maiden)

Present Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Number and Street, City, State and zip code)

Are you over the age of 18? \_\_\_\_\_ Yes \_\_\_\_\_ No Social Security Number: \_\_\_\_\_

Are you a resident of Pennsylvania? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how long have you been a resident of Pennsylvania? \_\_\_\_\_

**Criminal Background:** Have you ever been convicted, pleaded guilty, or *nolo contendere* (no contest) to a felony or misdemeanor other than a summary offence or do you currently have any such charges pending against you? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give the particulars including the type and date of the offence:

Note: A conviction will not necessarily disqualify an applicant, however, there are specific criminal convictions that prohibit healthcare employment under the Pennsylvania Older Adults Protective Services - 169 Act and others that may relate to your suitability for employment in the position for which you are applying.

Educational Record:	Name and Address	Circle Grades Completed	Anticipated date of graduation
Elementary School _____		1 2 3 4 5 6 7 8	
High School _____		9 10 11 12	_____

Please provide an official copy of your most recent grade transcript.

### Scholarship Interest:

What healthcare program are you attending? \_\_\_\_\_

Name of the college, university or school you are planning to attend: \_\_\_\_\_  
(Please attach a copy of your acceptance letter.)

Will you be a full time student? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you will not be a full time student, please explain: \_\_\_\_\_

Are you receiving any other scholarships? \_\_\_\_\_ Yes \_\_\_\_\_ No Name of Scholarship \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

**References:** Please provide and attach three letters of references. Do not use relatives. List persons whom you have known for at least five (5) years.

**Applicants Statement:** I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I also authorize the companies, schools or persons named above and in the letters of reference provided by me to give any information regarding my employment, character and qualifications, together with any information they have regarding me whether or not it is in the records. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SAMPLE

## AGREEMENT & COMMITMENT

### REGISTERED NURSE SCHOLARSHIP PROGRAM

Under the Nursing Scholarship Program of Cole Memorial, a subsidy is available for graduates of high schools, within the Cole Memorial service area and any area residents, who have been accepted into an accredited registered nursing program. The funds are directed to those planning to pursue a career as a registered nurse in two, three, or four year courses of study. The subsidy is limited to expenses incurred for room, board, tuition, and incidentals required in the course of studies, to a maximum of Five Thousand Dollars (\$5,000) per academic year. Under the program, the enrollee agrees to an employment commitment with Cole Memorial upon graduation as a registered nurse for a minimum period of twenty-four (24) consecutive months, (4,160 hours), immediately following graduation.

Having read the forgoing, I the undersigned applicant for enrollment in the Nursing Scholarship Program of Cole Memorial do hereby agree to the following and consent to being legally bound hereby:

I. As a recipient of a \$5,000.00 scholarship per academic year for four years under the Cole Memorial Nursing Scholarship Program, I do acknowledge hereby that same is contingent upon a thirty-six (36) consecutive months (6,240 hours) employment commitment with Cole Memorial as a registered nurse, immediately upon graduation as such. I also acknowledge that in the event said employment is met by me in the capacity as a registered nurse, this will act as a complete discharge of any and all indebtedness or obligation owed by me to Cole Memorial.

II. I agree to provide a grade transcript following each year of study to validate my continuation in my prescribed major course of study.

III. In the event, I, the undersigned, fail to complete the course of study within the prescribed time and attain status as a registered nurse, or I fail to or refuse to meet the employment commitment as herein identified in Item I, I promise to repay Cole Memorial those funds advanced or disbursed under said program in my behalf. I further agree upon the happening of either event to repay the amount of said obligation, plus 6% per annum interest, within one year. In the event that I fail to complete the employment commitment, then the amount to be repaid shall be based upon the ratio of the number of months worked over the total amount of the commitment, plus 6% per annum interest.

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Ed Pitchford, President & CEO

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Scholarship Recipient

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Date

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Date

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Witness

# SAMPLE

(for a Physical Therapist would be similar for nursing)

## ALLIED HEALTH PROFESSIONAL SCHOLARSHIP PROGRAM AGREEMENT & COMMITMENT

Under the Allied Health Professional Scholarship Program of Cole Memorial, a subsidy is available for graduates of service area high schools and any area residents who have been accepted into an accredited Certified Registered Nurse Practitioner, Laboratory, Pharmacy, Physical Therapy, Occupational Therapy, Physician Assistant, Radiology, and Respiratory Care program. The funds are directed to those planning to pursue a career in one of these allied health professions. The subsidy is limited to expenses incurred for room, board, tuition, and incidentals required in the course of studies, to a maximum of Five Thousand Dollars (\$5,000) per academic year. Under the program, the enrollee agrees to an employment commitment with Cole Memorial upon graduation as a Physical Therapist for a period of thirty-six (36) consecutive months (6,240 hours), immediately following graduation.

Having read the foregoing, I, the undersigned applicant for enrollment in the Allied Health Professional Scholarship Program of Cole Memorial, do hereby agree to the following and consent to being legally bound hereby:

I. As a recipient of funds under the Cole Memorial Allied Health Professional Scholarship Program, I do acknowledge hereby that same is contingent upon a thirty-six consecutive month (6,240 hours) employment commitment with Cole Memorial as a Physical Therapist, immediately upon graduation as such. I also acknowledge that in the event said employment is met by me in the capacity as a Physical Therapist, this will act as a complete discharge of any and all indebtedness or obligation owed by me to Cole Memorial.

II. I agree to provide a grade transcript following each year of study to validate my continuation in my prescribed major course of study.

III. In the event, I, the undersigned, fail to complete the course of study within the prescribed time and attain status as a Physical Therapist, or I fail to or refuse to meet the employment commitment as herein identified in Item I, I promise to repay Cole Memorial those funds advanced or disbursed under said program in my behalf. I further agree upon the happening of either event to repay the amount of said obligation, plus 6% per annum interest, within one year. In the event that I fail to complete the employment commitment, then the amount to be repaid shall be based upon the ratio of the number of months worked over the total amount of the commitment, plus 6% per annum interest.



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President & CEO

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Scholarship Recipient's name

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Date

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Date

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Witness